

PO4000148267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

T. Smith

AUG 29 2005

J. S.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Babb Construction, Inc.

**DOCUMENT NUMBER:** P04000148267

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William M. Sturgen Jr., Registered Agent

(Name of Person)

Sturgen Accounting, Inc.

(Name of Firm/Company)

2253 Country Place Circle

(Address)

Pensacola, FL 32534-9501

(City/State/and Zip Code)

For further information concerning this matter, please call:

Mark Sturgen

(Name of Person)

at ( 850 ) 968-4194

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☒ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Babb Construction, Inc

SECOND: The document number of the corporation (if known): P04000148267

THIRD: The date dissolution was authorized: August 17, 2005

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 22<sup>nd</sup> day of August, 2005

Signature:

Virginia Noel  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

VIRGINIA NOEL  
(Typed or printed name of person signing)

Power of Attorney (See Attached)  
(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## GENERAL POWER OF ATTORNEY

DEPUTY CLERK TH  
#1  
Trans # 268739

I, Grady Wilbur Babb Jr, residing at 3996 Sunny Manor Cir, Milton, Florida 32583, hereby appoint Virginia Noel of 5613 Heather Way, Milton, Florida 32570 or Cheryl Murphy of 3996 Sunny Manor Cir, Milton, Florida 32583, as my attorneys-in-fact ("Agents") to exercise the powers and discretions described below.

My Agents shall have full power and authority to act on my behalf. This power and authority shall authorize my Agents to manage and conduct all of my affairs and to exercise all of my legal rights and power, including all rights and powers that I may acquire in the future. My Agents' powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, retirement plan accounts, and other similar accounts with financial institutions.
  - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, negotiating or endorsing any checks or other instruments with respect to any such accounts, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
  - b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
  - c. Have access to any safe deposit box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.
3. Purchase and/or maintain insurance and annuity contracts, including life insurance upon my life or the life of any other appropriate person.

4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
5. Enter into binding contracts on my behalf.
6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, commodities, options or other investments.
7. Maintain and/or operate any business that I may own.
8. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.
9. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.

I also appoint my Agents the power to release any dower, homestead or other inchoate interest or other property rights (of whatever nature).

10. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to authorization to:
  - a. Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.
  - b. Obtain information or documents from any government or its agencies, and represent me in all tax matters, including the authority to negotiate, compromise, or settle any matter with such government or agency.
  - c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including medical, military and social security benefits), and to appoint anyone, including my Agents, to act as my "Representative Payee" for the purpose of receiving Social Security benefits.
11. Make gifts from my assets to members of my family and to such other persons or charitable organizations with whom I have an established pattern of giving (or if it is appropriate to make such gifts for estate

planning and/or tax purposes), to file state and federal gift tax returns, and to file a tax election to split gifts with my spouse, if any. No Agents acting under this instrument, except as specifically authorized in this instrument, shall have the power or authority to (a) gift, appoint, assign or designate any of my assets, interests or rights, directly or indirectly, to such Agents, such Agents' estate, such Agents' creditors, or the creditors of such Agents' estate, (b) exercise any powers of appointment I may hold in favor of such Agents, such Agents' estate, such Agents' creditors, or the creditors of such Agents' estate, or (c) use any of my assets to discharge any of such Agents' legal obligations, including any obligations of support which such Agents may owe to others, *excluding* those whom I am legally obligated to support.

12. Transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer.
13. Subject to other provisions of this document, disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate. However, my Agents may not disclaim assets, to which I would be entitled, if the result is that the disclaimed assets pass directly or indirectly to my Agents or my Agents' estate. Provided that they are not the same person, My Agents may disclaim assets which pass to my Gift Agents, and my Gift Agents may disclaim assets which pass to my Agents.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agents under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing: (i) my income to be taxable to my Agents (ii) my assets to be subject to a general power of appointment by my Agents, or (iii) my Agents to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agents.

My Agents shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agents shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney. A successor Agent(s) shall not be liable for acts of a prior Agent.

No person who relies in good faith on the authority of my Agents under this instrument shall incur any liability to me, my estate or my personal

representative. I authorize my Agents to indemnify and hold harmless any third party who accepts and acts under this document.

If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

My Agents shall be entitled to reasonable compensation for any services provided as my Agents. My Agents shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

My Agents shall provide an accounting for all funds handled and all acts performed as my Agents, but only if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agents.

Dated August 9, 2005 at Pensacola, Florida.

  
\_\_\_\_\_  
Grady Wilbur Babb Jr

The mark of Grady Babb, Jr

Witness Signature:



Printed Name:

RAY A VECCHITTO

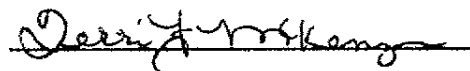
City:

DALTON

State:

GA

Witness Signature:



Printed Name:

Terri McKenzie

City:

Pensacola, FLA 32504

State:

\_\_\_\_\_

STATE OF FLORIDA, COUNTY OF Escambia, ss:

The foregoing instrument was acknowledged before me this 9 day  
of August, 2005 by Grady Wilbur Babb Jr, who is  
personally know to me or who produced Florida Drivers License #  
B100-244-46-386-0 as identification.

Susan Kearney

Signature of person taking acknowledgment

Susan Kearney

Name typed, printed or stamped



Susan Kearney  
My Commission DD0067273  
Expires October 24 2005