

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

95 FEB 28 11:12

RE: White/Pullman Holt Corporation

**P95000016434**

NAME \_\_\_\_\_  
 F.I. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

DIVISION 3

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S -		
Fictitious Name File	800001416968	
	-02/28/95--DID60--005	
	****122.50 ****122.50	
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kill		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s. Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( ) pgs.		
<b>SUBTOTALS</b>		

95 FEB 28 PM 12:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

FEB 28 1995 **BSB**

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	<u>SW</u>	_____	_____

WALK-IN Will Pick Up 2:28 1100

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

**ARTICLES OF INCORPORATION**

**OF**

**WHITE/PULLMAN-HOLT CORPORATION**

FILED  
95 FEB 28 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **WHITE/PULLMAN-HOLT CORPORATION**.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 18007 Clear Lake Dr., Lutz, FL 33549.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of one dollar (\$1.00) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is John W. Campbell, Esquire, 101 E. Kennedy Blvd., Suite 1080, Tampa, FL 33602.

#### **ARTICLE V: INCORPORATOR**

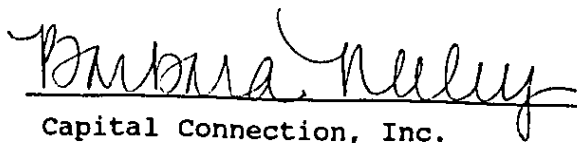
The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of each member of the initial Board of Directors of the corporation is:

VP Jeff Baker 46 Jennifer Rd., Glenville, NY 12302  
VP/T/S Thomas Halluska 18007 Clear Lake Dr., Lutz, FL 33549  
VP Pierre Stanis 8897 NW 20 Manor, Coral Springs, FL 33071  
VP Robert Schneider 2413 Bay Shore Blvd. #1703, Tampa, FL  
VP Robert Eukovich 2632 Bridle Dr., Plant City, FL 33566

The undersigned has executed these Articles of Incorporation this 28th day of February, 1995.

  
\_\_\_\_\_

Capital Connection, Inc.

Barbara Neeley - President  
Incorporator

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**FILED**  
**95 FEB 28 PM 12:57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: \_\_\_\_\_

White/Pullman-Holt Corporation

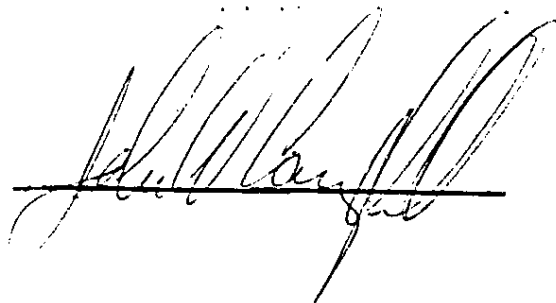
2. The name and street address of the registered agent and office is: \_\_\_\_\_

John W Campbell, Esq

101 E Kennedy Blvd Suite 1080

Tampa, FL 33602

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
\_\_\_\_\_