

PAID 35901

TRANSMITAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

400001473834  
-05/03/95--01135--002  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: Five Rivers Construction Corp.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check  
for :

☐ \$70.00    ☐ \$78.75    ☒ \$122.50    ☐ \$131.25

FROM: Barbara A. Hall  
Name (printed or typed)

128 Woodland Dr.  
Address

Crawfordville, FL 32327  
City, State & Zip

(904) 926-1209  
Daytime Telephone number

FILED  
95 MAY -3 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KJK

NOTE: Please provide the original and one copy of the articles.

## **ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### **ARTICLE I NAME**

The name of the corporation shall be:

Five Rivers Construction Corporation

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

128 Woodland Drive  
Crawfordville, Florida 32327

### **ARTICLE III SHARES**

The Five Rivers Construction Corp. authorizes 100,000 shares of Non-Par Value common stock.

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

The name and address of the initial registered agent is:

Barbara A. Hall  
128 Woodland Dr.  
Crawfordville, FL 32327

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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to the Articles of Incorporation is(are):

Barbara A. Hall  
Rt.4 Box 1255  
Titfon, Ga 31794

Phillip B. Hall,  
Teresa A. Hall  
2702 Charity Lane  
Hazelgreen, AL 35750

Marion Tye,  
Jean Tye  
148 Woodland Dr.  
Crawfordville, FL 32327

Sara Caudill  
138 Woodland Dr.  
Crawfordville, FL 32327

The undersigned incorporators have executed these Articles of Incorporation this 28 day of April, 1995.

Signature

Barbara A Hall

The above signature represents the consent of the above incorporators.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED 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:

Five Rivers Construction Corporation

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

Barbara A. Hall  
128 Woodland Dr.  
Crawfordville, FL 32327

*Having been named as registered agent and 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.*

Signature Barbara A. Hall Date 28 April 1995

FILED  
95 MAY -3 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

### 1. Introduction

**FIVE RIVERS CONSTRUCTION CORPORATION**

FILED

96 OCT -2 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

128 WOODLAND DRIVE  
CRAWFORDVILLE FL 32327

### Mailing Address

128 WOODLAND DRIVE  
CRAWFORDVILLE FL 32327

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if applicable

3 New Mailing Office Address, If Applicable

4 Date Incorporated or Qualified To Do Business in Florida

05/03/1995

Suite Apt #  
122 VOORLAND DR.  
City A

State Apt # etc  
← **SAME**  
City & State

5 FEI Number

59-3315454

**Applied For**

W. ORDVILLE  
Country  
32327 WAKULLA

Zip \_\_\_\_\_ Country \_\_\_\_\_

6

**CERTIFICATE OF STATUS DESIRED**

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/M	MICHAEL C. JONES	122 WOODLAND DR.	CRAWFORDVILLE, FL. 32327
VP	BARBARA A. HALL	128 WOODLAND DR.	CRAWFORDVILLE, FL. 32327
T/S	PHILLIP. HALL	2702 CHARITY LN.	HAZEL GREEN, AL 35750
			000001979490--8 -10/18/96--01018--017 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

HALL, BARBARA A  
128 WOODLAND DR.  
CRAWFORDVILLE FL 32327

9. Name and Address of New Registered Agent

Name **MICHAEL C. JONES**  
Street Address (P.O. Box Number is Not Acceptable)  
**122 WOODLAND DR.**  
Suite, Apt. #, Etc.

City	State	Zip Code
CRAWFORDVILLE	FL	32327

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Michael C. Jones  
REGISTERED A

REGISTERED AGENT MUST SIGN

Date 9/27/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Michael C. Jones MICHAEL C. JONES 9/27/95 (904) 926-1201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #