

P950000 53366

TRANSMITTAL LETTER

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

FILED  
1995 JUL -5 PM 6:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Chipola Construction & Supply, Inc.  
(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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Shirley Jernigan  
Name (printed or typed)  
P.O. Box 263  
Address  
Altha, Florida 32421  
City, State & Zip  
904-762-3750  
Daytime Telephone number

400001530544  
-07/06/95--01033--009  
\*\*\*\*122.75 \*\*\*\*122.75

11.25 181.25

F. CHESSEY JUL 11 1995

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

**ARTICLES OF INCORPORATION**  
of

CHIPOLA CONSTRUCTION & SUPPLY, INC.  
(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

Chipola Construction & Supply, Inc.

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

This corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue one thousand shares (1,000) of one Dollar(s) (\$ 1.00) par value Common stock, which shall be designated "Common Shares."

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME Shirley Jernigan  
ADDRESS Hwy. 71 South  
CITY Altha STATE FLORIDA ZIP 32421

The principal office, if known, or the mailing address of the corporation is:

NAME Chipola Construction & Supply, Inc.  
ADDRESS Hwy. 71 South  
CITY Altha STATE FLORIDA ZIP 32421

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME Shirley Jernigan  
ADDRESS Hwy. 71 South  
CITY Altha STATE Florida ZIP 32421

NAME Clifford Newsome  
ADDRESS Newsome Road off Hwy. 73 N.  
CITY Clarksville STATE Florida ZIP 32430

NAME Paula Jernigan  
ADDRESS Hwy. 71 South  
CITY Altha STATE Florida ZIP 32421

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1995 JUL -5 PM 6:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME Shirley Jernigan  
 ADDRESS Hwy. 71 South  
 CITY Altha STATE Florida ZIP 32421  
 NAME Clifford Newsome  
 ADDRESS Newsome Road off Hwy. 73 N.  
 CITY Clarkville STATE Florida ZIP 32430  
 NAME Paula Jernigan  
 ADDRESS Hwy. 71 South  
 CITY Altha STATE Florida ZIP 32421

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 3 day of July, 19 95.

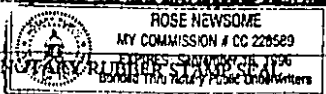
Shirley Jernigan (Seal)  
 Shirley Jernigan, President  
Clifford Newsome (Seal)  
 Clifford Newsome, Vice-President  
Paula Jernigan (Seal)  
 Paula Jernigan, Secretary-Treasurer

STATE OF FLORIDA )  
 COUNTY OF Calhoun ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<u>Shirley Jernigan</u> Signature	<u>DRIVER LICENSE</u> Form of Identification
<u>Clifford Newsome</u> Signature	<u>DRIVERS LICENSE</u> Form of Identification
<u>Paula Jernigan</u> Signature	<u>DRIVERS LICENSE</u> Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that They executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this 3 day of July, A.D. 19 95.  
Rose Newsome  
 Notary Signature  
Rose Newsome  
 Printed Notary Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Chipola Construction & Supply, Inc.

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

Shirley Jernigan  
(NAME)

Hwy. 71 South

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Altha, Florida 32421

(CITY/STATE/ZIP)

*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.*

Shirley Jernigan  
(SIGNATURE)

July 3, 1995  
(DATE)

FILED  
1995 JUL -5 PM 6:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P95000053366

Clifford Newcome  
P.O. Box 129  
Clarksville, FL 32430

City/State/Zip

Phone #

Office Use Only

FILED  
JAN 10 11:18:19  
CLARKSVILLE, FL

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. \_\_\_\_\_  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time \_\_\_\_\_
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*O/P recig.*

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

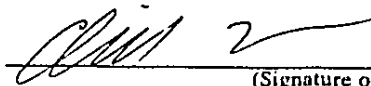
FILED  
08 JUN 19 09:10:19  
TALLAHASSEE, FLORIDA

I, Clifford Newsome, hereby resign as Vice-President/Director  
(Title)

of Chipola Construction & Supply, Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida.

That the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314