P96000059560

CSC networks

PRENTICE HALL LEGAL & FINANCIAL SERVICES

1201 Hays Street
Tallahassee, FL

ACCOUNT NO. : 072100000032

REFERENCE : 021422 9662A

AUTHORIZATION :

COST LIMIT : $ 122.50

ORDER DATE : July 16, 1996

ORDER TIME : 1:49 PM

ORDER NO. : 021422

CUSTOMER NO: 9662A

100001895641

CUSTOMER: William Hudson, Esq
WILLIAM N. HUDSON, ESQ

23 West Tarpon Avenue

Tarpon Springs, FL 34689

DOMESTIC FILING

NAME: PRIMARY CONTRACTORS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 15 AM 9:12

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: 7/17/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 16 AM 9:12

ARTICLES OF INCORPORATION

OF

PRIMARY CONTRACTORS, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

PRIMARY CONTRACTORS, INC.

The address of the principal office of this corporation shall be 2847 Belcher Road, Palm Harbor, Florida, 34685, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having $1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on July 16, 1996.

CORPORATION SERVICE COMPANY

By: Deborah D. Skipper

It's Agent, Deborah D. Skipper

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 16 AM 9:12

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

By: Deborah D. Skipper

It's Agent, Deborah D. Skipper

GMC/das

P96000059560

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: MICHAEL B. RATCLIFF EIN or SS#: 567-58-2402

Address: 551 MEHLENBACHER RD #11

BRUSAIR BLUFFS, FL 33770

Amount: $87.50 Date Paid 8 11 97

Reason for claim: Sent in the filing fee to resign as agent. Was not listed as such.

#P96000059560 PRIMARY CONTRACTORS, INC., AMEND/cm amend

Certified true and correct this 23RD *day of* AUGUST, 19 97.

Signature [signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: *Amount of recommended refund* $ 87.50

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01030 010 *dated* 8 11 97

Name of Account _____

452021300014530000000000010000

Statutory Authority for Collection 607 0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

452021300014530000000022002000

Certified true and correct this _____ *day of* _____, *19* ____.

Department of State, Division of Corporations (Agency) _____ (Authorized Signature and Title)

CR2E060(6/95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 19, 1997

MICHAEL RATCLIFF
551 MEHLEN BACKER RD
BELLE AIR BLUFFS, FL 33770

SUBJECT: PRIMARY CONTRACTORS, INC.
Ref. Number: P96000059560

We have received your document for PRIMARY CONTRACTORS, INC. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records do not indicate that you are an officer, director, or registered agent of the subject corporation. Therefore, no resignation is required.

Enclosed is an application for refund.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 497A00041963

Requestor's Name

[redacted]

City/State/Zip Phone #

Office Use Only

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 ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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*****87.50 *****87.50

Examiner's Initials	

CR2E031(1/95)