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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

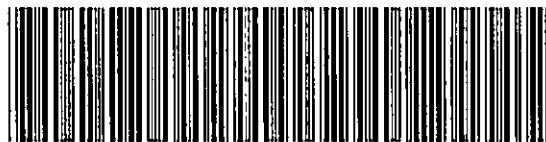
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NP-21697

NP#21,697

TALLAHASSEE, FLORIDA CHAPTER
OF THE NATIONAL ASSOCIATION OF
WOMEN IN CONSTRUCTION, INC.

FILED IN OFFICE OF DEPARTMENT
OF STATE, STATE OF FLORIDA.
by wa on 9/14/71

RICHARD (DICK) STONE
SECRETARY OF STATE



STATE OF FLORIDA
Department of State

RECEIVED
SEPTEMBER 1971

RICHARD (DICK) STONE
Secretary of State

September 3, 1971

Mrs. Alpha Piland
2423 Tamarack Avenue
Tallahassee, Florida 32303

Dear Mrs. Piland:

Subject: TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION
OF WOMEN IN CONSTRUCTION, INC.
a Florida corporation not for profit.

Documents returned: charter; amendment; affidavit;
 resident agent form; corporation report; ~~SEP 14 1971~~ \$2.00
required to be filed here; check acknowledged. ~~SEP 14 1971~~ - \$40.00 ~~+ \$30.00~~

Additional information requested:

1. Section 617.013, F.S.: 2 (f)
 2. Section 617.015, F.S., amount due: \$42
 3. Name is not available.
 4. Name is to appear in English only.
 5. Notarization incomplete.
 6. Condominium. Name shall include the word "condominium"
or be followed by the words "a condominium."
 7. Condominium association. Name shall include the word
"condominium" or be followed by the words "a condominium
association."
 8. Legal description of the land to be included.
 9. Include address in Article I for mailing of annual report
form.
 10. Certified copy of the original charter and all amendments
by the clerk of the circuit court showing original filing
date.
 11. President's and secretary's signatures. Both signatures
to be acknowledged indicating reincorporation was accom-
plished for the purposes and uses therein stated.
 12. Preamble to indicate reincorporation is properly authorized
and is a corporate act.
 13. Affidavit of consent from the individual named as from the
chief executive of the organization named in the charter.
This is administrative policy. Kindly include affidavit
from:
 14. Other: See reverse side.

SEP 14 1971
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
FILED

Sincerely,

RICHARD (DICK) STONE
Secretary of State

Roy L. Allen
By
Roy L. Allen, Director
Division of Corporations

C. TAX	2.00
FILING	2.00
R. AGENT	0.00
C. COPY	0.00
TOTAL	4.00
IN BANK	4.00
BALANCE DUE	0.00
REFUND	0.00
PHOTO COPY	0.00

letter sent
9/15
W.A.

81697

ARTICLES OF INCORPORATION
FOR
TALLAHASSEE, FLORIDA CHAPTER
OF THE
NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.

We, the undersigned natural persons of the age of twenty-one years or more, acting as incorporators of a corporation under the State of Florida Non-Profit Corporation Act do hereby adopt the following Articles of Incorporation for such corporation:

ARTICLE I.

The name of the Corporation is Tallahassee, Florida Chapter of the National Association of Women in Construction, Inc.

ARTICLE II.

The Corporation is a non-profit corporation.

ARTICLE III.

The period of its duration is perpetual.

ARTICLE IV.

The corporation is organized for the following purposes, exclusively:

1. To unite for their mutual benefit women who are actively employed in the various phases of the construction industry.
2. To encourage co-operation and a better understanding between them.
3. To promote fellowship and good will among members of the organization.
4. To engage in all activities necessary, useful, or expedient to carry out the foregoing purposes, and to have any and all powers permitted by the State of Florida Non-Profit Corporation Act.

SEP 14 1971
DIVISION OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLE V.

There shall be five classes of membership: Active, Service, Associate, Honorary and Life.

Active Membership shall be limited to women who are actively employed in one of the following phases of the Construction Industry: Architecture, General Construction, Sub-contractor, Material Supplying, Construction Engineering, or Construction News Services, and who have been so employed for at least one year.

Service Membership shall be limited to (a) Charter members and Past Presidents who have retired from employment in the Construction Industry, provided they shall have retained membership continuously employed in the Construction Industry for five years or more and have retained membership continuously from their original affiliation with the Chapter until retirement. Service members shall have the same privileges and obligations as active members, and may be active in all phases of the Chapter's work except that they shall not be eligible to be elected to the Office of President, Vice President, Secretary or Treasurer in the Chapter or to serve on the National Board of Directors.

Associate Membership shall be limited to women who are actively employed in the Construction Industry as defined in Active Membership, but who have been so employed for less than one year. Associate members shall have the same privileges and obligations as active members and may be active in all phases of the Chapter's work, except that they shall not be eligible to hold an elective or appointive office or to serve on the Board of Directors of the Chapter or of the National Association. They shall be required to pay Chapter dues only.

Honorary Membership may be conferred by majority vote of the Chapter upon a person who has rendered outstanding service to the Chapter, but is ineligible for Active, Service or Associate Membership. An Honorary Member shall have no vote.

"W. C. E.". (Continued)

and shall be ineligible to hold any elective or appointive office. An Honorary member shall be exempt from payment of dues, but is entitled to visit the Chapter at any time.

Life Membership may be granted by majority vote of the Chapter to any active or service member in good standing for outstanding and faithful service to the Chapter. A Life Member shall be exempt from payment of dues but shall have all other privileges and obligations of the kind of membership she formerly held. The Chapter shall pay her per capita dues to the National Association. Life Membership shall not be transferable and shall be forfeited automatically upon affiliation with another Chapter.

ARTICLE VI.

The officers of the Chapter shall be a President, a Vice President, a Secretary and a Treasurer. The term of office of each Officer and Director shall be one year. All Officers and Directors shall be elected by ballot at the July meeting and shall be installed so as to take office at the meeting next following the National Convention.

ARTICLE VII.

The names of the Officers who are to serve until and manage the affairs the first election under the articles of incorporation are:

Alpha Piland	President
Sandra Mock	Vice President
Virlon McDonald	Secretary
Jackie Burmon	Treasurer

ARTICLE VIII.

The by-laws of the corporation to conform with National Association of Women in Construction.

ARTICLE IX.

Amendments to the articles of incorporation may be done at any regular meeting by a two-thirds vote of the members present, providing that the proposed amendment has been submitted in writing to each voting member of the Chapter at least ten days prior to the date of such meeting. All amendments shall be sent to the Chairman of the National By-Laws Committee for approval, and no amendments adopted by the Chapter shall be effective until it is so approved.

ARTICLE X.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and make payments and distributions in furtherance of the purposes set forth in Article IV hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

Notwithstanding any other provision of these articles this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

ARTICLE XI.

Upon dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization or organizations under section 501 (c) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any of such assets not so disposed of by a Court having jurisdiction of such matters in the place in which the principal office of the corporation is then located,

ARTICLE XI. (Continued)

exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE XII.

The street address of the initial registered office of the corporation is 2423 Tamarack Avenue, Tallahassee, Florida 32303, and the name of its initial registered agent at such address is Alpha Piland.

ARTICLE XIII.

The number of directors shall be fixed by the By-Laws of the corporation but shall in no event be less than three. The number of directors constituting the initial Board of Directors of the corporation is eight and the names and addresses of the persons who are to serve as the initial directors are:

<u>Name</u>	<u>Address</u>
Alpha Piland	2423 Tamarack Ave., Tallahassee, Florida 32303
Sandra Mock	911 Chestwood Ave., Tallahassee, Florida 32303
Virlon McDonald	4302 Crawfordville Rd., Tallahassee, Florida 32301
Jackie Harmon	2301 Hartsfield Rd., Tallahassee, Florida 32301
Marion Carnathan	1636 Jackson Bluff Rd., Apt. 201, Tallahassee, Fla., 32304
Evelyn Conn	614 Truett Drive, Tallahassee, Florida 32304
Mylene Sims	803 Bahama Drive, Tallahassee, Florida 32301
Laura Subanks	1637 Lake Ella Dr., Tallahassee, Florida 32303

ARTICLE VIII.

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
Alpha Piland	2422 Tamarack Ave., Tallahassee, Florida 32302
Sandra Mock	911 Chestwood Ave., Tallahassee, Florida 32303
Virlon McDonald	4302 Crawfordville Rd., Tallahassee, Florida 32301
Jackie Harmon	2301 Hartsfield Rd., Tallahassee, Florida 32301
Marion Carnathan	1536 Jackson Bluff Rd., Apt. 2C1, Tallahassee, Fla. 32304
Evelyn Conn	614 Truett Drive, Tallahassee, Florida 32304
Wyolene Sims	803 Bahama Drive, Tallahassee, Florida 32301
Laura Eubanks	1637 Lake Elle Drive, Tallahassee, Florida 32303

IN WITNESS WHEREOF, we have hereunto set our hands this
20th day of August, 1971.

Alpha A. Piland
Sandra Mock
Virlon McDonald
Jackie Harmon

Marion Carnathan
Evelyn Conn
Wyolene Sims
Laura H. Eubanks

STATE OF FLORIDA
COUNTY CP: LEON

I, Marables Rayburn, a Notary Public, do hereby certify
that on this 20th day of August, 1971, personally appeared be-
fore me Alpha Piland, Sandra Mock, Virlon McDonald, Jackie
Harmon, Marion Carnathan, Evelyn Conn, Wyolene Sims and Laura
Eubanks, who being by me first duly sworn severally declared
that they are the persons who signed the foregoing document as
incorporators and that the statements therein contained are true.

Marables A. Rayburn
Notary Public

Notary Public, State of Florida, No. L-105
My Commission Expires April 9, 1973
Renewed by Commission No. 4-10000-1

CORPORATION NOT FOR PROFIT

REC'D 24, 6, 97

Resident Agent Certificate

NAME

Filed in the
DEPARTMENT OF STATE
STATE OF FLORIDA

RICHARD (RON) STONE
SECRETARY OF STATE

BY _____

corp-31A

STATE OF FLORIDA

DEPARTMENT OF STATE

CORPORATION NOT FOR PROFIT

Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served

In pursuance of Section 617.023, Florida Statutes, the following is submitted, in compliance with said Act.

First—That Tallahassee, Florida Chapter of the National Association of Women in Construction, Inc. a corporation not for profit duly organized and existing under the laws of the State of Florida with its principal place of business at City of Tallahassee County of Leon, State of Florida has designated and established Rt 3, box 407, Tallahassee, Florida 32303 as its place of business or domicile for the service of process within this State, and named as its agents Hazel L. Driscoll, President

to accept service of process
Complete the following when there is a change of one or more officers or directors

OFFICERS:	AFFIX TITLES: NAME	SPECIFIC ADDRESS
<u>Hazel L. Driscoll, President</u>		<u>Rt 3, Box 407, Tallahassee, Fla.</u>
<u>Frances Goodson, Vice President</u>		<u>2404 Jim Lee Road, Tallahassee</u>
<u>Laura Gregory, Secretary</u>		<u>515 East Ninth Ave, Tallahassee</u>
<u>Jackie Harmon, Treasurer</u>		<u>2301 Hartsfield Rd, Tallahassee</u>

DIRECTORS:	SPECIFIC ADDRESS
<u>Martha Aho</u>	<u>1514 W. Tharpe St., Tallahassee</u>
<u>Evelyn Green</u>	<u>2709 McElroy St., Tallahassee</u>
<u>Marion Carnahan</u>	<u>1611 Jacksonbluff Road, Tallahassee</u>
<u>Barbara Prgascott</u>	<u>215 Old Bainbridge Road, Tallahassee</u>

By Hazel L. Driscoll
President

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been caused to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity.

Hazel L. Driscoll
President

Section 617.023, Florida Statutes, Office and resident agent. Every corporation organized hereunder shall maintain an office in this state with a resident agent thereon upon whom process may be served. The resident agent may be either an individual or a corporation. The corporation shall keep the secretary of state informed of the current city, town or village and street address of said office together with the name of the resident agent.

Filing Fee: \$2.00 Paid

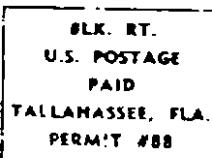
RICHARD (DICK) STONE
Secretary of State

THE CAPITOL
TALLAHASSEE, FLA.

STATE OF FLORIDA 07 1578
FILED DEPARTMENT OF STATE

PRIVILEGE TAX RETURN

FOR CORPORATIONS & OTHER ENTITIES



721097-47-04

DEPA: TALLAHASSEE, FLORIDA
09/14/71

TALLAHASSEE FLA CHAPTER OF THE NATL
ASSOC OF WOMEN IN CONSTRUCTION INC
2423 TAMARACK AVE
TALLAHASSEE FLA

32303

ADDRESS CORRECTION REQUESTED

DATE DUE: JAN. 1, 1972

DATE DELINQUENT: MAR. 1, 1972

PLEASE TYPE

Change Mailing Address to: Rt. 3, Box 407
Tallahassee, Florida

Zip 32303

(Exact Corporate Name)

1. Tallahassee Chapter of The Natl. Assoc. of Women In Constr.² 232061088

(Street Address of Principal Office in Fla.)

(City)

(County)

(State)

(Zip)

3.

(Officer Name)

(Title)

(Street Address)

(City)

4. (a) Hazel Driscoll President Rt. 3, Box 407 Tallahassee
(b) Francis Goodson Vice President 2404 Jim Lee Bd. Tallahassee
(c) Laura Gregory Secretary 515 E. Ninth St. Tallahassee
(d) Jacqueline Harmon Treasurer 2301 Hartsfield Bd. Tallahassee

(Director, Trustee, Manager)

Director

(Street Address)

(City)

5. (a) Martha Aho Director 1514 W. Tharpe St. Tallahassee
(b) Marion Carnathan Director 1636 Jackson Bluff Tallahassee
(c) Evelyn Green Director 2709 McKinroy St. Tallahassee
(d) Barbara Prescott Director 915 Q. Bainbridge Tallahassee

(Executive Agent Name)

(Street Address)

(City)

6.

7. General Nature of Business Non-Profit Date Formed or Incorporated 9/14/71 9. If Foreign Corporation, Date Qualified in Florida _____/_____/____

10. Capital Stock (or number and book value of all certificates of interest or participation):

Class or Type

Par or Stated Value

Shares
Authorized

Number

Book Value

(a)

\$ _____

(b)

\$ _____

(c)

\$ _____

(d)

\$ _____

(e) Total Book Value of Stock (Certificates) Issued

\$ _____

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined Upon dissolution, all monies to be assigned to Construction Scholarship Fund.

12. Close of annual accounting period for this return 12/31/71

13. I/We declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31 have been paid as required under Chapter 201, Florida Statutes, and I/We further declare that this return is true and correct.

Corporate Seal

Attest: *Laura Gregory*
Secretary or Assistant Secretary

Tallahassee Chapter of The Natl. Assoc.
(Corporate Name) of Women in Construction, Inc.

By: *Hazel Driscoll*

Return Original (with Tax Payment) to DEPARTMENT OF STATE
THE CAPITOL
TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK

PRIVILEGE TAX PROFIT ENTITIES \$5.00
NON-PROFIT ENTITIES \$2.00

READ INSTRUCTIONS ON BACK

PRIVILEGE TAX PROFIT ENTITIES \$5.00
NON-PROFIT ENTITIES \$2.00

RICHARD (DICK) STONE
SECRETARY OF STATE
The Capitol
Tallahassee, Florida 32304

State of Florida
Department of State
ANNUAL REPORT
for Corporations and Other Entities

BLK. RT.
U.S. POSTAGE
PAID
MIAMI, FLA.
PERMIT NO. 616

ADDRESS CORRECTION
REQUESTED

DATE DUE: JAN. 1, 1973

DATE DELINQUENT: MAR. 1, 1973

MR 16-73-#2 56100 **** 2.00

Please refer to this number for future correspondence
regarding this corporation

721697-47-26 09/14/71

TALLAHASSEE FLA CHAPTER OF THE NAT'L
ASSOC. OF WOMEN IN CONSTRUCTION INC.

2423 TAMARACK AVE

TALLAHASSEE FLA

32303

PLEASE TYPE

651308

CHANGE MAILING ADDRESS TO:

Zip

1. Tallahassee Fla. Chapter of the Nat'l Assoc. of Women in Construction Inc.
(Exact Corporate Name)

Fed. Emp. I.D. No.

3.

(Street Address of Principal Office in Fla.)		(City)	(County)	(State)	(Zip)
(Officers Names)	(Title)	(Street Address)	(City)	(State)	
4. (a) Sue Newsome	President	3320 Big Lake Rd.	Tallahassee	FLA.	
(b) Linda Gregory	Vice-Pres.	513 East Market Av.	"	"	
(c) Wylene Sims	Secretary	313 Parkay Drive	"	"	
(d) Marita Carnethon	Treasurer	1638 Jackson Street Av.	"	"	
(Directors, Trustees, Managers)		(Street Address)	(City)	(State)	
5. (a) Linda Alford	Director	2424 Tamarack Ave	Tallahassee	FLA.	
(b) Jan Bryant	"	1531 Levy Av.	"	"	
(c) Beverly Elliott	"	3721 Leffing Circle	"	"	
(d) Sandra Koch	"	511 Chestnut Av.	"	"	
(Florida Resident Agent Name)		(Florida Street Address)	(City)	(Zip)	
6. <input checked="" type="checkbox"/> Sue Newsome		3320 Big Lake Rd.	Tallahassee	32303	

7. General Nature
of Business

35 99

See page 2

8. Date Formed
or Incorporated

MO DA YR

9. If Foreign Corporation,
Date Qualified in Florida

MO DA YR

10. Capital Stock (or number and book value of all certificates of interest or participation): SHARES ISSUED

Class or Type	Par or Stated Value	Shares Authorized	Number	Book Value
(a)			\$	
(b)			\$	
(c)			\$	

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined Upon dissolution, all monies in Treasury
to be assigned to Construction Scholarship Fund

12. Fiscal close of accounting period 12/31

MO DA

13. I/WE declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31, 1972 have been paid as required under Chapter 201, Florida Statutes, and I/WE further declare that this report is true and correct.

(Corporate Seal)

Attest: Wylene Sims
Secretary or Assistant Secretary

Tallahassee Chapter

(Corporate Name)

By: Sue W. Newsome
President or Vice President

Return Original (with Filing Fee) to DEPARTMENT OF STATE

DRAWER 12

THE CAPITOL

TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK

FILING FEE PER PROFIT ENTITY \$5.00
PER NON-PROFIT ENTITY \$2.00

VALIDATION AREA - DO NOT WRITE IN THIS SPACE

RS 28-7 1 273*****2.00

ANNUAL REPORT

FOR CORPORATIONS AND

OTHER ENTITIES

(1) 741697 (2) J9/11/1974
CHARTER NUMBER DATE INC. OR IF FOREIGN
EXACT DATE QUALIFIED IN FLA.

(3) TALLAHASSEE CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.
NAME

RICHARD (Dick) STONE
P.O. Box 6327
TALLAHASSEE, FLA. 32301

DUE JAN 1, 1974 DELINQUENT JULY 1, 1974
COMPANY PAGE 1

CORRECTIONS AND ADDITIONAL INFORMATION-PLEASE TYPE

(4) FED. EMPLOYER ID NO. (5) SIC C 6142
(SEE PAGE 4)

(6) FED. EMPLOYER ID NO. (5a) SIC C 3300
(SEE PAGE 4)

(7) OFFICERS/DIRECTORS NAMES CITY / STATE
RESIDENT AGENT
TALLAHASSEE, FL 32301

Laura Gregory
2904 Laris Drive
Tallahassee, Florida 32303

(7a) OFFICERS/DIRECTORS STREET ADDRESS TITLE
Laura Gregory 2904 Laris Pres
Frances Goodson 3404 Elm Lee Road V. Pres
Beverly Clett 3721 Lifford Circle Sec.
Ceralean Simpson 2514 Willamette Rd. Treas.

Martie McShanahan 1572 Fuller Dr. Dir.
Marion Carnathan 1636-201 Jackson Bluff Dr.
Jean, Secretary/Officer/Compt. Robert Ross 502-Havana Dr.

(8) FISCAL CLOSE OF ACCOUNTING PERIOD 12

(9) TALLAHASSEE, FLA. CHAPTER OF THE NATIONAL ASSOC. OF WOMEN IN CONSTRUCTION, INC.
MAILING ADDRESS 2424 TAMANAKA AVE
TALLAHASSEE, FLA. 32302

(8a) FISCAL CLOSE OF ACCOUNTING PERIOD (MONTH) AUGUST 31, 1974
Tallahassee Fla. Chapter of THE National Assoc. of Women In Construction, Inc.
2904 Laris Avenue

(9a) STREET
AUTM. STK. PAR VALUE

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP FEES APPPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST) ON PARTICIPATION TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTE. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

(10) AUTHORIZED SIGNATURE *Brennan N. Bergman*
TITLE Treasurer TEL NO. 325-1914

PLEASE READ INSTRUCTIONS ON PAGE 2
CLINING FEES \$5.00 PROFIT ENTITY \$2.00 NON PROFIT

(11) ADDED OR DELETED OR CHANGED VALUE OF ALL CAPITAL STOCK OR RIGHTS OF PURCHASE OR PURCHASED STOCK (OR CERTIFICATES OF INTEREST) ON PARTICIPATION TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTE. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

(12) YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL OWNERS BY WHICH THE PROPERTY RIGHTS AND OBLIGATIONS OF EACH ARE DETERMINED

(13) OWNER SIGNATURE *Brennan N. Bergman*
AGENT SIGNATURE *Brennan N. Bergman* DATE OF REPORT NO. 325-1914

**CORPORATION
ANNUAL REPORT**

128-29-75 1 9214*****2.50

(1) 721697 CHARTER NUMBER	(8)	(2) 09/24/1971 DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA	(3) SICC SEE ENVELOPE BACK 8699	(3a) CHANGE TO _____	(4) FED. EMPLOYER ID NO. _____	(5) FISCAL CLOSE OF ACCOUNTING PERIOD (MO) 12	(5a) CHANGE TO _____	(6) 1974 YEAR OF LAST REPORT FILED IN THIS OFFICE	(7) 1975 YEAR OF THIS REPORT COPIES
(4a) CHANGE TO _____									

(6) **TALLAHASSEE, FLORIDA CHAPTER OF THE
NATIONAL ASSOCIATION OF WOMEN IN CONSTR**
EXACT NAME

(7) **LAURA REGORY
2904 LARIS DRIVE
TALLAHASSEE, FL**

32303

b7c
b7d
PLEASE READ INSTRUCTIONS ON BACK

NOTE: MAIL FUTURE ANNUAL REPORTS ADDRESSED TO THE
NAME AND ADDRESS INDICATED HEREIN.
MAIL ADDRESS OF THE CORPORATION
721697
TALLAHASSEE FLA CHAPTER OF THE NATL
ASSEC OF WOMEN IN CONSTRUCTION INC
ADDRESS 2904 LARIS AVENUE
TALLAHASSEE FLA

**2904 LARIS AVENUE
Tallahassee, Fla. 32303**

(9) OFFICERS/DIRECTORS NAMES	STREET ADDRESS	CITY / STATE	TITLE(S)
Geralean Simpson		TALLAHASSEE, FL	PRES
Corinne Massa			
CLIETT, BEVERLY		TALLAHASSEE, FL	SFC
MIMS, CORIS		TALLAHASSEE, FL	DTR
CARNATHUN, MARION		TALLAHASSEE, FL	DTR
Jerrie Pate		TALLAHASSEE, FL	DTR

CAPITAL STOCK		I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.	
(10) <input type="checkbox"/>		AUTHORIZED SIGNATURE <i>Geralean H. Simpson</i>	
(11) CAPITAL STOCK (OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION) CLASS OR TYPE PAR NO PAR OR STATED VALUE SHARES AUTHORIZED NUMBER BOOK VALUE \$		TITLE President TEL NO 385-1914	
(12) IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED		DATE March 18, 1975	

CORP-A-RPS

**CORPORATION
ANNUAL REPORT**

<small>NAME OF DIVISION S-100 - PROFIT CORP S-500 - NON-PROFIT CORP</small>		CORPORATION ANNUAL REPORT				<small>100-2A-7C 1-12-74</small>	
<small>DEPT OF STATE REGISTRATION FEE DUE</small>		<small>DEPARTMENT OF STATE DIVISION OF CORPORATIONS THE CAPITOL TALLAHASSEE, FLORIDA 32304</small>		<small>VALIDATION PERIOD CONTINUED IN THIS SPACE</small>			
<small>CHARTER NUMBER 4 FED. EMPLOYER ID NO. 4B CHANGE TO:</small>		<small>CHARACTER NUMBER DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.</small>		<small>3 BCC 4a CHANGE TO: 4b CHANGE TO:</small>		<small>YEAR OF LAST REPORT FILED IN THIS OFFICE YEAR(S) THIS REPORT COVERS</small>	
<small>EXACT NAME TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION INC</small>		<small>PLEASE READ INSTRUCTIONS ON BACK</small>					
<small>STREET ADDRESS OF PRINCIPAL OFFICE POST OFFICE BOX ALONE WILL NOT BE ACCEPTABLE</small>		<small>8a STREET ADDRESS CHANGE</small>					
<small>ADDRESS TALLAHASSEE FLA CHAPTER OF THE NATL ASSOC OF WOMEN IN CONSTRUCTION INC 2904 LARIS AVENUE TALLAHASSEE FLA 32303</small>							
<small>REGISTERED AGENT AND STREET ADDRESS TALLAHASSEE, FL 32303</small>		<small>7a REGISTERED AGENT NAME CHANGE AND/OR ADDRESS CHANGE INCLUDE REGISTERED OFFICE ADDRESS</small>					
<small>8b NAMES OF ALL OFFICERS AND DIRECTORS</small>		<small>STREET ADDRESS</small>		<small>CITY / STATE</small>		<small>TITLES MUST BE SHOWN</small>	
<small>BEVERLY CLETT</small>		<small>4737 TORY SOUND LN</small>		<small>TALLAHASSEE, FL 32303 PTEC</small>			
<small>CASSAD CORIANNE</small>				<small>TALLAHASSEE, FL 32303 V.P.</small>			
<small>DORIS MIMS</small>		<small>1572 FULLER RD</small>					
<small>HAZEL DRISCOLL</small>		<small>ROUTE 3 Box 462</small>		<small>TALLAHASSEE, FL 32303 UTR</small>			
<small>PAT BARINEAU</small>		<small>5019 VALLEY Farm Rd</small>					
<small>GRANTHOMA MARTON</small>				<small>TALLAHASSEE, FL 32303 UTR</small>			
<small>DOT GRIFFITH</small>		<small>2105 HARRIETT DR</small>					
<small>JANE JERRY</small>		<small>#</small>		<small>TALLAHASSEE, FL 32303 UTR</small>			
<small>GERALYN MUNDAY</small>		<small>316 STARMOOR DR</small>					
<small>DO NOT WRITE IN THIS SPACE</small>		<small>I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION EMPOWERED TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 807, FLORIDA STATUTES. I FURTHER CERTIFY THAT I UNDERSTAND MY SIGNATURE ON THIS REPORT SHALL HAVE THE SAME LEGAL EFFECT AS IF MADE UNDER OATH</small>					
<small>FLORIDA CORPORATION TALLAHASSEE</small>		<small>SIGNATURE <i>Teresa Gregay</i> TITLE <i>Treasurer</i> DATE <i>2/10/76</i></small>				<small>TEL NO. 385-1708</small>	
<small>MJ 2/3/76</small>						<small>CORP-A75</small>	

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT

1977

APPROVED

AND

FILED

JUN 30 4 65 PM 1977

FLORIDA DEPT. OF STATE

502*****

Bruce A. Smathers
Secretary of State
Form COR 820

THIS REPORT MUST BE ACCOMPANIED BY A \$6 FEE.

► READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office:

721697 TALLAHASSEE, FLORIDA
CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION
2904 LARIS AVENUE
TALLAHASSEE FLA 32303

2. Enter Change of Address of Corporation Principal Office,
P.O. Box Number Alone is NOT Sufficient.

Street Address

2514 Willamette Road

P.O. Box No.

P.O. Box 3969

City

Tallahassee, Fl

State

Florida Zip Code

32303

If above address is incorrect in any way, enter the correct address
in Item 2. Include Zip Code.3. Date Incorporated or Qualified
To Do Business in Florida

09/14/1971

4. Federal Employer
Identification Number
(FEIN)5. Date of
Last Report

1976

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
Doris D. Nims	Pres.		1572 Fuller Road	Tallahassee, Fl
Barbara Herrin	V. P.		2904 Laris Street	Tallahassee, Fl 32303
Marshlea Rayburn	Sec.		1604 Sauls Street	Tallahassee, Fl 32303
Geri Mc Daniels	DIR.		1572 Fuller Road	Tallahassee, Fl
Dot Hobbs	DIR.		2514 Willamette Road	Tallahassee, Fl
Geralean H. Simpson	XED		2514 Willamette Road	Tallahassee, Fl

7. Registered
Agent
Information

Name: MCGURK, LAURA

Street Address (Do NOT Use P.O. Box Number): 2904 LARIS DRIVE

City, State and Zip Code:

TALLAHASSEE, FL 32303

If you wish to change
Registered Agent on
this form, enter all
new information here

Name: Geralean H. Simpson

Street Address (Do NOT Use P.O. Box Number): 2514 Willamette Road

City, State and Zip Code: Tallahassee, Fl. 32303

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report
as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall
Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer

Geralean H. Simpson

Title

Treasurer

Telephone Number

385-1914

Signature

Date

6/30/77

THIS REPORT MUST BE ACCOMPANIED BY THE \$6 FEE

corp-32

NP # 21,697 Rd O
OF WOMEN IN CONSTRUCTION, INC.
TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION/

New Corporation Reincorporation Amendment (§817.02)

Filed: 9/14/71

By: Mrs. Alpha Piland
Tallahassee, Fla.

Pd

RP 10/22/71

APPROVED
AND
FILED

780180
June 28

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		 Bruce A. Smathers Secretary of State	
CORPORATION ANNUAL REPORT 1978			
THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (FORM COR 620-1212).			
► READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◄			
1. Name and Address of Corporation Principal Office		2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone Is NOT Sufficient.	
<input checked="" type="checkbox"/> 791697 TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASSOC ASSOC OF WOMEN IN CONSTRUCTION 2816 WILLAMETTE RD., P.O. BOX 9949 TALLAHASSEE, FLA. 32303		Street Address P.O. Box No. City State Zip Code	
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.			
3. Date Incorporated or Qualified To Do Business in Florida	09/14/1971	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report 1977
6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)
HIMS, DORIS D.	PRES		1972 FULLER ROAD
HARIN, BARBARA	V.P.		3401 WEST THRAPE ST.
RAYBURN, MARSHALA	SEC		1604 SAULS STREET
MCDANIELS, GERI	DIR		918 STARMONT DR.
HOBBS, DOT	DIR		1440 SOUTH BADSON
SIMPSON, GERALYN	DIR		2816 WILLAMETTE ROAD
7. Registered Agent Information	Name GERALEYN H. SIMPSON	Street Address (Do NOT Use P.O. Box Number) 2816 WILLAMETTE ROAD	
City, State and Zip Code TALLAHASSEE, FL 32303			
If you wish to change Registered Agent on the form, enter all new information here		Name Hallie H. Sinclair	
		Street Address (Do NOT Use P.O. Box Number) 1807 Ivan Dr.	
		City, State and Zip Code Tallahassee, FL 32303	
8. An officer of the Corporation must sign this report. The report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.			
An Officer's Title Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.			
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On The Report Shall Have the Same Legal Effect As It Would Under Oath.			
Type of Name of Signing Officer Hallie H. Sinclair	Title Treasurer	Telephone Number 311-3651	
Signature Hallie H. Sinclair		Date 6-17-78	

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

ANNUAL
PAYABLE
REPORT AND
TO THE
MANAGEMENT

Names of Officers and Directors

Marchlea Dayburn	President	1224 Davis St. Tallahassee, FL
Seri L. McDaniel	Vice President	1117 Starmount Dr. Tallahassee, FL
Carol Spence	Secretary	1... Brower 1691 Tallahassee, FL
Mailie H. Sinclair	Treasurer	1-07 Ivan Dr. Tallahassee, FL
Jean Scott	Director	Rt. P. Box 55. New Mex., NM
Frances Goldsen	Director	1404 Jim Lee Rd. Tallahassee, FL
Patricia Berineau	Director	5019 Valley Farm Rd. Tallahassee, FL
Claire Sadler	Director	1204 Northern Tallahassee, FL

SEARCHED
FILED 07/8/80

IN VOLUNTARILY
DISSOLVED 12/5/79

Tallahassee, Florida Chapter of The National
Association of Women In Construction Inc.

REINSTATEMENT 15

CUS 5
Registered Agent 3
72 Privilege Tax
Overpayment 5
73 Annual Report

74 Annual Report

75 Annual Report

76 Annual Report

77 Annual Report

78 Annual Report

79 Annual Report 10

80 Annual Report 10
48

TOTAL

BALANCE DUE

REFUND

ARP. 103
1/80

721697

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
CORPORATION
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office: <i>WJ</i> <input checked="" type="checkbox"/> 721697 ^{AIA} Tallahassee Chapter of the Nat'l Assoc. of Women in Construction, Inc. P.O. Box 1533 (2444 Lanrell Drive) Tallahassee, Fla. 32302	2. Enter Change or Address of Corporation Principal Office, If <input type="checkbox"/> Box Number Alone Is Not Sufficient Street Address _____ PO Box No _____ City _____ State _____ Zip Code _____
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.	

3. Date Incorporated or Qualified To Do Business In Florida	9/14/71	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report	3/28/78
--	---------	--	---------------------------	---------

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
Jackie Garner	Pres	2444 Lanrell Drive	Tallahassee, Fla.
Carol Smith	V.P.	2913 Primrose Lane	Tallahassee, Fla.
Agnes Knox	Sec.	2313 Yorkshire Drive	Tallahassee, Fla.
Judi Sellers	Tres	1516 Bowman Drive	Tallahassee, Fla.
Carol Tennyson	Dir.	1601 Normandy Dr.	Tallahassee, Fla.
Grace Dean	Dir.	211 Grace Street	Tallahassee, Fla.
Claire Sadler	Dir.	3175 West Tharpe St.	Tallahassee, Fla.
Barbara Allen	Dir.	2220 Skyline Drive	Tallahassee, Fla.

7. Registered Agent Information

Name Jackie Garner	To change the Registered Agent and/or Registered Office, a separate statement signed by the new Registered Agent and reputed by the President or Vice President of the corporation must be filed with a fee of \$3.
Street Address (Do NOT Use P.O. Box Number) 2444 Lanrell Drive (Mailing address; P.O. Box 1533	
City, State and Zip Code Tallahassee, Fla 32303	32302

See signature restrictions under Instructions on reverse side of this form.		
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.		

Typed Name of Signing Officer Jackie Garner	Title President	Telephone Number 385-7036 work
---	---------------------------	--

<i>Jackie Garner</i> DO NOT WRITE IN THIS SPACE		
--	--	--

6/28/80



FLORIDA DEPARTMENT OF STATE

George Firestone

Secretary, of State

Ron Levitt

Assistant Secretary, of State

TALLAHASSEE

Telephone Number
904/488-9940STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submit the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FIRST: The name of the corporation is Tallahassee, Florida Chapter of The National Association of Women in Construction

SECOND: The address of its present registered office is Hallie H. Sinclair, 1807 Ivan Drive, Tallahassee, Fla.

THIRD: The address to which its registered office is to be changed is Jackie Garner--2444 Lanrell Drive--Tallahassee, Fla. (Mailing address P.O. Box 1533) 32302

FOURTH: The name of its present registered agent is _____

FIFTH: The name of its successor registered agent is _____

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical XX

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

Dated May 6, 1980

TALLAHASSEE, FLA. CHAPTER OF THE NATIONAL ASSOCIATION
OF WOMEN IN CONSTRUCTION.

(exact corporate name)

SIGNATURE

(President or Vice-President)

DATE

6/28/80

SIGNATURE

(Registered Agent)

DATE

FILING FEE: \$3.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
Washington, D.C.
DIVISION OF CORPORATION

ANNUAL REPORT

1981
FILED

1981

JUN 1 6 42 AM '81

DO NOT SIGN OR STAPLE CHECKS OR ENTRIES
READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation

2. Change of Address or Name
3. Change of P.O. Box Number
4. Street Address

721697
TALLAHASSEE FLA CHAPTER OF THE NATL
ASSOC OF WOMEN IN CONSTRUCTION INC
2444 LANRELL DRIVE
TALLAHASSEE FLA

32302

1. DO BYND

2. City

3. State

4. Date

Last Report

5. 9/15/1971 23-7354786 1980

If Mailing Address is different from above enter the correct address
in Item 2. Include Zip Code

6. Office or Registration P.O. Box
7. D. Business - Florida

8. Date

9. Last Report

10. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	City and State
GARNER, JACKIE Barbara Allen	P	2999 LANRELL DR. 2220 SKYLAND Drive	TALLAHASSEE, FL
SMITH, CAROL Carol Tennyson	V/P	2999 PRIMROSE LANE 1601 Normandy Blvd	TALLAHASSEE, FL
KNOX, AGNES Grace G. Dean	S	2313 VORNISHORE DR. 211 Grace St.	TALLAHASSEE, FL
SELLERS, JUDI Alethea Butler	T	1516 DONMAN DR. 4866 Mahan Dr.	TALLAHASSEE, FL
SADLER, CLAIRE Geri Mc Daniel	D	9175 W. THARPE ST. 316 Starmount Dr.	TALLAHASSEE, FL
ALLEN, BARBARA Pat McGuffey	D	2220 SKYLINER DR. 1574 Talpece	Tallahassee, FL
Jean Scott	D	Route 2, Box 502	Havana, FL

7. Registered Agent Information

Name
GARNER, JACKIE
Street Address (Do NOT Use P.O. Box Number)
**P.O. Box 1533
2999 LANRELL DRIVE**
City, State and Zip Code
TALLAHASSEE, FL 32302

To change the Registered Agent and/or
Registered Office a separate statement
signed by the new Registered Agent and
executed by the President or Vice President
of the corporation must be filed with
a fee of \$3.

XPK

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer

Grace G. Dean

Title

Treasurer

Telephone Number

878-3689 / 222-2321

Signature

Grace G. Dean

721697 04-15-81

Date **385 10.00**

1-30-81

DO NOT WRITE IN THIS SPACE

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1982

Secretary of State
Division of Corporations

APP 67 1/2 1582

Read Notice and Instructions on Other Side Before Making Entries
► Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

2 Former Change of Address (Do Not Use P.O. Box Number) *1000 LONGSTREET DRIVE*

723697
TALLAHASSEE FLA CHAPTER OF THE NATL
ASSOC OF WOMEN IN CONSTRUCTION INC
2444 LANRELL DRIVE
TALLAHASSEE FLA

32302

Street Address

P.O. Box No.

4 If above address is incorrect in any way, enter the correct address
in Item 2. Include Zip Code

State Zip Code

5 Date Incorporated or Qualified
To Do Business in Florida

09/14/1973

6 Date of
Last Return

06/01/1981

6 Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
GARNER, JACKIE	Pres.	2444 LANRELL DR.	TALLAHASSEE, FL
ALLEN, BARBARA	VP	2220 SKYLAND DR	TALLAHASSEE, FL
CAROL THOMPSON	Dir.	2913 PRIMROSE LANE	TALLAHASSEE, FL
DEAN, GRACE G.	Dir.	211 GRACE ST	TALLAHASSEE, FL
CHERRY, MARGARET	Dir.	1000 LONGSTREET DR	TALLAHASSEE, FL
MCDANIEL, GERI	Dir.	316 STARMOUNT DR	TALLAHASSEE, FL
*DUPPIN, TINA	D	1128 OCALA ROAD, B-4	TALLABASSEE, PL
ALLEN, BARBARA	P	2220 SKYLAND DRIVE	TALLABASSEE, PL
SMITH, CAROL	V/P	2913 PRIMROSE LANE	TALLABASSEE, PL
THOMPSON, CHERYL	S	STAR ROUTE BOX 99AH	TALLABASSEE, PL
HANCOCK, ELAINE	D	1000 LONGSTREET DRIVE	TALLABASSEE, PL
SHAFFER, CINDI	D	259-A VILLAS COURT, N.	TALLABASSEE, PL

Registered Agent Information

7 Name and Address of Current Registered Agent:

8 Name and Address of New Registered Agent:

GARNER, JACKIE
2444 LAURELL DRIVE
TALLAHASSEE, FL

32302

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9 Pursuant to the provisions of Sections 607.024 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on 2-2-82

SIGNATURE Jackie Garner
(Registered Agent Accepting Appointment)

DATE 2-2-82

\$3.00 additional fee required for Registered Agent changes.

10 See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath

Signature <u>Grace G. Dean</u>	Date <u>2-2-82</u>
Typed Name of Signing Officer Grace G. Dean	Title <u>Treasurer</u>
Telephone Number <u>904-878-8688 / 222-2321</u>	

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION
ANNUAL REPORT

1983

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONSGeorge Firestone
Secretary of State

(DO NOT WRITE IN THIS SPACE)

S-213-1207-112

Read Notice and Instructions on Other Side Before Making Changes
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

723697

TALLAHASSEE FLA CHAPTER OF THE NATL
ASSOC OF WOMEN IN CONSTRUCTION INC
2444 LANRELL DRIVE
TALLAHASSEE FLA

32302

If above address is incorrect in any way, enter the correct address
in Item 2. Include Zip Code.2 Enter Change of Address of Corporation Principal
Office. P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No

City

State Zip Code

3 Date Incorporated or Qualified
To Do Business in Florida

09/14/1973

4 Federal Employer
Identification Number (FEIN)5 Date of
Last Report

04/27/1982

6 Names and Street Addresses of Each Officer and Director as of December 31, 1982

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers.)	City and State
GARNER, JACKIE	P	2444 LANRELL DR	TALLAHASSEE, FL 32309
ATTEY-BARBARA	P	2220 SKYLAND DR	TALLAHASSEE, FL 32309
MCDANIEL, GERI	D	216 STARMOUNT DR	TALLAHASSEE, FL 32309
DEAN, GRACE-G	F	213 GRACE ST	TALLAHASSEE, FL 32309
DUFFIN, TINA	D	3128 OCALA RD B-4	TALLAHASSEE, FL 32309
SMITH, CAROL	M	2113 PRIMROSE LANE	TALLAHASSEE, FL 32309
Berineau, Linda K.	P	4309 Calcutta Ct.	Tallahassee, FL 32303
Agnes Willis	V	2039 N. Meridina Rd. #269	Tallahassee, FL 32303
Gwinn, Katherine	S	3261 Baldwin Dr. W	Tallahassee, FL 32308
Martens, Wanda	T	1456 Vandelia Rd.	Tallahassee, FL 32304
Allen, Barbara	D	2220 Skyland Dr.	Tallahassee, FL 32303
Hancock, Elaine H.	D	1551 Capital Cr SE	Tallahassee, FL 32308
Dean, Grace	D	211 Grace St.	Tallahassee, FL 32301
MCDANIEL, Geri	D	3104	Tallahassee, FL 32302

7 Name and Address of Current Registered Agent

GARNER, JACKIE
2444 LAURELL DRIVE
P.O. BOX 1533

TALLAHASSEE, FL

32302

8 Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9 Pursuant to the provisions of Sections 807.034 and 807.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

10

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807.5
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature

Linda K. Berineau

Date

9/1/83

Typed Name of Signing Officer

Linda K. Berineau

Title

Treasurer (82-83)

Telephone Number

(904)562-4108

COP 807.5

SC 9-29-83

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
George E. Rement
Secretary of State
DIVISION OF CORPORATIONS

1984

◀ Read Notice and Instructions on Other Side Before Making Entries ▶
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office		2 Enter Change of Address of Corporate Principal Office P.O. Box Number & Zip Code if Different	
721697 TALLAHASSEE, FLORIDA CHAPTER OF THE NATION ASSOC OF WOMEN IN CONSTRUCTION INC 2444 LANRELL DRIVE (P. O. Box 1533) TALLAHASSEE FLA 32302		Street Address P.O. Box No City State Zip Code	
<small>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code</small>			

3 Date Incorporated or Qualified To Do Business in Florida	09/14/1971	4 Federal Employer Identification Number (FEIN)	5 Date of Last Report
09/29/1983			

6 Names and Street Addresses of Each Office and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 BARINEAU, LINDA K.	P	4309 CALCUTTA CT.	TALLAHASSEE, FL
2 AGNES, WILLIS	V	2039 N. MERIDIAN RD.	TALLAHASSEE, FL
3 SHINN, KATHERINE	S	3263 BALDWIN DR.	TALLAHASSEE, FL
4 MARSHALL, MARGARET	T	1461 NANCY	TALLAHASSEE, FL
5 ALLEN, BARBARA	D	1720 SAWMILL CIR.	TALLAHASSEE, FL
6 HANCOCK, ELAINE M.	D	1550 SAWMILL CIR., S.E. 2220 SKYLAND DRIVE	TALLAHASSEE, FL
DEAN, GRACE G. ALLEN, BARBARA MARSHALL, RAYBURN GERI McDANIEL	D	1604 SAILSB STREET 316 STARMOUNT DRIVE	TALLAHASSEE, FL TALLAHASSEE, FL

Registered Agent Information

7 Name and Address of Current Registered Agent	8 Name and Address of New Registered Agent
GARNER, JACKIE 2444 LAURELL DRIVE P.O. BOX 1533 TALLAHASSEE, FL	Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code
32302	

9 Pursuant to the provisions of Sections 807.034 and 807.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

SIGNATURE:

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

10

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S.
I Further Certify That My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath

COR 620118

Signature <i>Grace G. Dean</i>	Date 3-1-84
Typed Name of Signing Officer Grace G. Dean	Title Treasurer
Telephone Number 904-222-2321	

11. Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment.

CERTIFICATE OF STATUS DESIRED
\$5 ADDITIONAL FEE REQUIRED FOR CERTIFICATES

TALLAHASSEE FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN MEDICAL PLANNING

OFFICERS AND DIRECTORS:

1. Linda K. Barineau	P 4309 Calcutta Court	Tallahassee, FL 32303
2. Agnes Willis	V 2039 N.Meridian Rd., # 269	Tallahassee, FL 32303
3. Barbara Allen	RS 2220 Skyland Drive	Tallahassee, FL 32303
4. Glenda Hebert	CS 1905 Rosedale Drive	Tallahassee, FL 32303
5. Grace G. Dean	T 211 Grace Street	Tallahassee, FL 32301
6. Katherine Quinn	D 3248 Hester Drive	Tallahassee, FL 32308
7. Kathy Harvey	D 3248 Mound Drive	Tallahassee, FL 32308
8. Geri McDaniel	D 316 Starmount Drive	Tallahassee, FL 32303
9. Marshlea Rayburn	D 1604 Sauls Street	Tallahassee, FL 32308

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 1984

CORPORATION
ANNUAL REPORT
1985



PLATE 10
Figures 1-4

SUN 27 JU 27 AM '85
TENNESSEE, REGION

Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office		2 State of Incorporation	
<input checked="" type="checkbox"/> 721-97 TALLAHASSEE, FLORIDA CHAPTER OF THE NATION ASSOC OF WOMEN IN CONSTRUCTION INC 2444 LANRELL DRIVE TALLAHASSEE FLA		<input type="checkbox"/> STATE OF FLORIDA <input type="checkbox"/> FEDERAL	
		3 Zip Code	4 City
		32302	TALLAHASSEE
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code			

If above address is incorrect in any way, enter the correct address
in item 2, include Zip Code.

3 Date Incorporated or Qualified To Do Business in Florida **09/14/1972** 4 Federal Employee Identification No. **100-000-00000** 5 Date of Last Report **06/28/1984**

6 Names and Street Addresses of Each Officer and Director as of December 31, 1994				
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers.)	City and State	
Marshlea A. Rudd	P	1604 Sauls	TALLAHASSEE, FL	33000
Elaine Hancock	V	3289 Shannon Lakes	TALLAHASSEE, FL	33000
Christine Vickers	R/S	Rt. #4, Box 439	Tallahassee, Fl	33000
	C/S	-	-	-
Katherine H. Gwinn	T	3248 Hester Drive	Tallahassee, Fl	33000
	D		TALLAHASSEE, FL	33000

Registered Agent Information

7 Name and Address of Current Registered Agent	8 Name and Address of New Registered Agent
<p>SARNER, JACKIE 2444 LAUREL DRIVE P.O. BOX 1533 TALLAHASSEE, FL</p>	<p>Name Street Address (Do NOT Use P.O. Box Number) City State and Zip Code</p>
32302	

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 507.325 F.S.

SIGNATURE _____ **DATE** _____

\$3.00 additional fee required for Registered Agent changes.

10 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 60; F.S.
I Further Certify That I Understand My Signature On This Report Shall Have The Same Legal Effects As If Made Under Oath;
(Certified signatures must be listed in Block 6)

Signature <i>Katherine H. Gwinn</i>	Date June 19, 1985	
Trade Name of Signing Officer Katherine H. Gwinn	Title Treasurer	Telephone Number (904) 893-6803

11 Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
SOL
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

18 10:00

Read Notice and Instructions on Other Side Before Making Entry
Filing Fee of \$20 Required - Make Checks Payable To Secretary of State

1. Name and Address of Corporation Principal Office.	2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient
721697 TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASS ASSOC OF WOMEN IN CONSTRUCTION INC 2444 LANRELL DRIVE TALLAHASSEE FLA 32302	Street Address 21
	P O Box No 22
	City and State 23
If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code	Zip Code 24

Date Incorporated or Qualified Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Repo. 1
08/14/1971		08/27/1985

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1985				
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
ROD. MARSHALL A.	P	1804 SW 6TH	TALLAHASSEE, FL 32304	
MARSHALL BLAINE	V	3289 SHANNON LAKES	TALLAHASSEE, FL 32306	
VICKI, CHRISTINE	R/S	RT 4, BOX 439	TALLAHASSEE, FL 32306	
KATHIE, KATHERINE M. LINDA BARINEAU CHRIS STRICKLAND JEAN BRYANT TRISH NETTLES	T P V S T	3248 FISTER DRIVE 4309 ALCUTTA CT. P.O. BOX 21, NAT 2039 N. MERIDIAN 1810 DOOMAR DR.	TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32316 GRETHA, FL 32332 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32308	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
GARNER, JACKIE 2444 LAURELL DRIVE P. O. BOX 1533 TALLAHASSEE, FL 32302	Name 81
	Street Address (Do NOT Use P.O. Box Number) 82
	City and State 83
	Zip Code 84
	FL.

9. Pursuant to the provisions of Sections 807.034 and 807.037, Florida Statute, the above-named corporation, incorporated under the laws of the State of Florida, submits the statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on:

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 807.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

STATE AND CITY for Mailing to Registered Agent (if needed).

JRC 4/22

CR2034 (1/86)

10. See signature restrictions under instructions on reverse side of this form		
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I Further Certify That My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6).		
Signature	Date	
Typed Name of Signing Officer	Title	Telephone Number
TRISH NETTLES	TREAS.	656-1946

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

SE AND STATE, FL
REGISTRATION
CERTIFICATE OF STATUS

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

DO NOT WRITE IN THIS SPOT 3/10

CORPORATION

ANNUAL REPORT
1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

4. Has your address or restrictions in Item 1 Side Before Making Entries
Annual Filing \$25 Required Make Check Payable To Secretary of State

1 Name and Address of Corporation Principal Office

721697
TALLAHASSEE FLORIDA CHAPTER OF THE NATIONAL ASS
ASSOC OF WOMEN IN CONSTRUCTION INC
2444 LANELL DRIVE 4309 Calcutta Court
TALLAHASSEE FLA 32302

If above address is incorrect in any way enter the correct address
in item 2 include Zip Code

2 Enter Change of Address of Corporation Principal
Office P.O. Box Number Alone is NOT Sufficient

Street Address 2:

P.O. Box No 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified
To Do Business in Florida 09/14/1971

4 Federal Employer Identification Number (If Elige)

5 Date of Last Report 03/18/1985

6 Names and Street Addresses of Each Officer and Director as of December 31, 1986

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BRINEAU, LINDA	P	4309 CALCUTTA CT. 2812 Elizabeth Court	TALLAHASSEE, FL 32303
BRYANT, JEAN	S VP	XXXXXX	TALLAHASSEE, FL 32303
DEAN, Grace	X	XXXXXX	XXXXXX
SHANK, Amy	T	P. O. Box 5196, NA XXXXXX	Tallahassee, FL 32314
	V	XXXXXX	XXXXXX
	S	2329 Tina Dr.	Tallahassee, FL 32301

7. REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent

P. O. BOX 1533 Linda Barineau
TALLAHASSEE, FL 32302 1309 Calcutta Ct.
Tallahassee, FL 32303

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL. Zip Code 85

9. Pursuant to the provisions of Sections 807.034 and 807.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on 7/16/87.

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 807.325 F.S.

SIGNATURE Linda Barineau
(Registered Agent Accepting Appointment)

DATE 5/17/872/6/10

10. See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S.
I further Certify That My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer signing must be listed in Block 6)

Signature Grace G. Dean
Typed Name of Signing Officer

Date 5-10-87

Grace G. Dean

Title TreasurerTelephone Number 904-878-5818

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

CR2004 11/86

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Address of Corporation Principal Office

721697
TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASS
2444 LANRELL DR
4309 CALCUTTA COURT
TALLAHASSEE FLA 32302

2. Enter Change of Address of Corporation Principal
Office. P.O. Box Number Alone is NOT Sufficient

2028 ERMINE DRIVE
Street Address 21
P. O. BOX 1533 (32302)
P.O. Box No. 21
TALLAHASSEE, FLORIDA
City and State 22

32308
Zip Code 24

Leave address as is or print it any way after the correct address
in Item 2. Include Zip Code

3 Date Incorporated or Quasi-

09/14/1971

4 Federal Employer
Identification Number (FEIN)

5 Date of
Last Report 06/05/1987

6 Name and Street Address of Each Officer and Director as of December 31, 1987

Names of Officers
and Directors

6. List Address of Each
Officer and Director
Do NOT Use Post Office Box Numbers

City and State

1. MARSHALL, LINDA
ATANAS, SANDRA "X"
2. REEDS, JEAN
WILSON, JACKIE "X"
3. BEAM, GRACE
MOBLEY, BONNIE "X"
4. CHAMBERS, MARY
5. BRANDT, MARINELLE "X"

1. P
2. V
3. V /D
4. T
5. S
6. S /D

4309-CALCUTTA-CT.
2028 ERMINE DRIVE
2444 LANRELL DRIVE
P.O. BOX 6196, MA
RT. 16, BOX 5400
2529-TINA-BRT-
3644 WOODHILL DRIVE

TALLAHASSEE, FL --- 00000
TALLAHASSEE, FL 32309
TALLAHASSEE, FL --- 00000
TALLAHASSEE, FL 32302
TALLAHASSEE, FL --- 00000
TALLAHASSEE, FL 32310
TALLAHASSEE, FL ---
TALLAHASSEE, FL 32303

7. REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent

MARSHALL, LINDA
4309-CALCUTTA-COURT
TALLAHASSEE, FL 32303

Name 81
ATANAS, SANDRA

Street Address 1 Do NOT Use P.O. Box Number 82
2028 ERMINE DRIVE

Street Address 2 Do NOT Use P.O. Box Number 83

City and State 84

TALLAHASSEE

Zip Code 85

FL 32308

8. Pursuant to the provisions of Sections 607.004 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office, a registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on

I hereby accept the appointment of registered agent. I am familiar with and accept the liability. Section 607.035 FS

SIGNATURE — *Sandra Atanas*
(Registered Agent Acceptance)

DATE 6/15/88

CR2004 (1988)

9. If a foreign corporation, does this transaction business in Florida

N/A

10

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
Officer or Director signing must be listed in Block 5

Signature

Bonnie Mobley

Third Name of Signing Officer or Director

BONNIE MOBLEY

TREASURER

JUNE 15, 1988

Telephone Number

(904) 576-5794

12 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
REGISTRATION AND LICENSING
DIVISION OF STATE
REGISTRATION AND LICENSING

Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

* Name and Address of Registered Agent or Director

721697-1
TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASS
2028 ERMINIE DRIVE.
P.O. BOX 1533
TALLAHASSEE, FLA 32308

1604 SAULS STREET
P. O. BOX 1533 (32302)
TALLAHASSEE, FLA
32308

For more information concerning your filing requirements, contact the Florida Department of State, Division of State Registration and Licensing, Tallahassee, Florida.

5 Date Incorporated or Organized Date Filed	6 Filing Date Date of Last Change Date of Last Filing	7 Business Address Street Address, P.O. Box Number, City and State Name of Officer and Director	8 Business Address Street Address, P.O. Box Number, City and State Name of Officer and Director	9 Date of Last Change Date of Last Filing
1. S/A/D- AVANAS, SANDRA R.	09/14/1971	2028-ERMINIE-DRIVE. 1604 SAULS STREET 2444 LAUREL DRIVE.	TALLAHASSEE, FL 32308	07/21/1988
2. P/D RUDO, MARSHLEA A.			TALLAHASSEE, FL 32308	
3. V/D WILSON, JACKIE			TALLAHASSEE, FL 32303	
4. T/D MOBLEY, BONNIE		RT. 16, BOX 5400	TALLAHASSEE, FL 32310	
5. S/A/D BRANDY-MARSHLEA.		2644-HUNTINGTON-DRIVE.	TALLAHASSEE, FL 32303	
6. S/D FLETCHER, CONNIE B.		3222 HUNTINGTON WOODS BLVD	TALLAHASSEE, FL 32303	
7.				
8.				
9.				
10.				
11.				
12.				

REGISTERED AGENT INFORMATION

* Name and Address of Current Registered Agent

AVANAS, SANDRA.
2028-ERMINIE-DRIVE.
TALLAHASSEE, FL 32308

* Name of New Registered Agent

RUDO, MARSHLEA A.
Street Address 1 OR NOT USE P.O. Box Number, FL
1604 SAULS STREET
Street Address 2 OR NOT USE P.O. Box Number, FL
TALLAHASSEE, FLORIDA
City and State, FL

Zip Code, 32308

9. Pursuant to the provisions of Sections 807.034 and 807.037, Florida Statutes, the above named corporation is incorporated under the laws of the State of Florida, and by this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change will be timely and by resolution duly adopted by its board of directors on

January 1, 1989 and the name and address of registered agent I am taking with me, under the provisions of Section 807.325 FS.

SIGNATURE ✓ *Marsha A. Rudo*
(Registered Agent Accepting Appointment)

DATE 2/7/89

10. If a foreign corporation, does it transact business in Florida N/A

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Person or Trustee Empowered to Execute This Report as Required by Chapter 417 FS.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Officer or Director signing must be typed in Block 6.

Signature
Bonnie M. Mobley
Typed Name of Signing Officer or Director

BONNIE M. MOBLEY

TREASURER

DATE FEBRUARY 7, 1989
Telephone No. (904) 224-8812

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED



DIVISION OF CORPORATIONS
NOTICE OF INCOMPLETE ANNUAL REPORT

MAY 15, 1989

721897 1

TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASS
1804 SAULS ST. (32308)
P.O. BOX 15333
TALLAHASSEE FLA 32302

Your 1989 Corporation Annual Report has been received by the Department of State. Section 607.357(1)(d), Florida Statutes requires you to include your Federal Employer Identification (FEI) number when filing the annual report. Our computer record indicates this information was not included on the above named corporation's annual report therefore it is considered incomplete. Please insert your FEI number in the lower portion of this notice and return to:

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

There is no additional fee to include the FEI number in the corporation's permanent record.

DOCUMENT NUMBER: 721897 1

CORPORATION NAME: TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASS *SPJ*

FEDERAL EMPLOYER IDENTIFICATION NUMBER: 23-7354786

FEDERAL EMPLOYER IDENTIFICATION NUMBER APPLIED FOR: YES NO

IF YOU DO NOT HAVE AN FEI NUMBER, GIVE EXPLANATION: _____

Markha L. Rudd President
Signature of Officer or Director

NOTICE: THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO
JULY 15, 1989 OR THIS CORPORATION'S ANNUAL REPORT WILL BE CONSIDERED
INCOMPLETE AND INACCURATE.

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

130

Filing Fee of \$35 Required - Make Checks Payable To Secretary of State

1 Name and Address of Corporation Principal Office

721697 1

ZIP + 4 PRESORT
TALLAMASSEE, FLORIDA CHAPTER OF THE NATIONAL ASS
1804 SAULS ST. (32303)
P.O. BOX 1533
TALLAMASSEE FLA 32302-1533

If above address is incorrect in any way, enter the correct address
in Item 2, include Zip Code

2 Name and Address of Business Office, if any, other than the one
entered above. PO Box number is NOT required. The NAME
of the business office or branch may be listed at this point.

Branch Address:

P.O. Box No.

City and State Zip

Date of Birth:

Date of Death:

Date of Birth:

FILE NOW! CORPORATE STATUS WILL BE FP 57
DELINQUENT AFTER JULY 1ST.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Tom Smathers
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE OF \$61.25 REQUIRED

Name and Mailing Address of Corporation DOCUMENT # 721697 (1)

ZIP + 4 PRESORT
TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.
1604 SAULS ST. (S2308)
P.O. BOX 1533
TALLAHASSEE FLA S2302-1533

* Above estimate is incorrect in two very notes. The correct estimate is from 3, because 2 is Coss.

DO NOT WRITE IN THIS SPACE

2 If Address in Block 1 is incorrect in any way enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed later by filing an amendment.

21 | [View Article](#)

22-80 Rev. No.

231-640-1810

-34-
305-11

**3 Date Incorporated or Qualified
To Do Business in Florida**

4 FEI Number
23-7384788

F-1 Number Applied For

CERTIFICATE OF STATUS DESIRED

8. Names and Street Addresses of Each Officer and Director (or notary, etc., managing agent) as filed in our records.

NAME AND STREET ADDRESS OF EACH OFFICER AND DIRECTOR (DO NOT USE ANY COMBINATIONS, EXCEPT TO DENOTE OWN INCORPORATED INFORMATION)				
1. Title	2. Name of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4.	City and State
P/D	MANSFIELD, CHERYL L.	1718 INDIAN TOWN LANE		TALLAHASSEE, FL 00000
V/D	ARNOLD, BARBARA ARNOLD, PATRICIA	2222 N. 30TH AVENUE 600 VICTORY GARDEN DC.		TALLAHASSEE, FL.
T/D	MALE, DIANE W.	RT 8 BOX 2885		CRAWFORDVILLE, FL
S/D	ANGELLO, DIANE	2003 N. 12TH AVENUE 240 LAPAYETTE CIRCLE		TALLAHASSEE, FL
S/D	PASTULA, ROBIN	1929 PAULK DR.		TALLAHASSEE, FL

REGISTERED AGENT INFORMATION

12 - 2

B Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent

82 | SPANISH VOCABULARY WORKBOOK

22. *Saint Lucia* 2002-03-1021 - *St. Lucia*

115

10

E1

d. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors.

I hereby accept the appointment as recalled agent for James Lamont Smith and accept the instructions of Continental Bank.

SIGNATURE _____ **DATE** _____

I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 5(a) on an attachment with no initials.

SIGNATURE Diane M. Hale DATE 2/8/91
typed Name of Signing Officer or Director Title _____ Telephone Number Daytime _____
Diane M. Hale **Treasurer** **(904) 1926-7708**

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State 58-75 American Four required

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
B1382
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
SEC. OF STATE
ELECTIONS DIV
WILLIAM F. HEM
FILED

1992
07/20/92

FILING FEE \$61.25 Make Payable to Secretary of State

1. Name and Mailing Address of Corporation DOCUMENT #721697 (1)
TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.
1604 SAULS ST. (32308)
P.O. BOX 1533
TALLAHASSEE FL 32308-5153

2. "Address in Book" is incorrect. Insert, "Address is correct, enter the correct address in Box 2, insert checkmark in NAME of the corporation and checkmark in Amendment.

21. Mailing Address

22. P.O. Box No.

23. City and State

24. Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

09/14/1971

3a. Date of Last Report:	4. FEI Number	FEI Number Applied For	5. \$0.00
03/25/1991	23-7354788	FEI NUMBER NOT APPLICABLE	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover any incorrect information)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers.)	4. City and State
1. P/D	MARSHFIELD, GENEVA L.	1710 INDIAN TOWN LANE	TALLAHASSEE, FL 32308
2. V/D	ARNOLD, PATRICIA	680 VICTORY GARDEN DR	TALLAHASSEE, FL
3. T/D	HALL, DIANE M.	RT 6 BOX 3065	GRANFORDVILLE, FL
4. S/D	ANGELLO, DIANE	240 LAFAYETTE STA	TALLAHASSEE, FL
5. S/D	PASTUCA, RODIN	1929 FAULK DR	TALLAHASSEE, FL
6.			

REGISTERED AGENT INFORMATION

8. Name and Address of Registered Agent

7. Name and Address of Current Registered Agent

RUDD, MARSHALA A.
1604 SAULS STREET
TALLAHASSEE, FL 32308

81. Name

82. Street Address of Registered Agent

83. City and State of Registered Agent

84. City

FL

9. Pursuant to the provisions of Sections 507.06(2) and 507.06(3), I, the undersigned, do hereby declare that I am the registered agent for the purpose of changing the registered office or registered agent for this corporation in the State of Florida and that I am duly authorized to accept service of process on behalf of the corporation at the address set forth above.

SIGNATURE _____
(Registered Agent Accepting Appointment)

10. This corporation has liability for estimated tax under S. 1393(d). Form 100-100
 Yes No Don't know

11. I certify that the information indicated herein is true and accurate to the best of my knowledge and belief. I understand that any false statement made under oath, false entry, false return, or failure to file a return, may subject me to criminal penalties, including imprisonment, and/or fines.

SIGNATURE _____

Type or Print Name of Signing Officer/Officer

3-3-92

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and indicate an amount up to \$5.00 to the filing fee.

SUSAN B. MARTINAS Treasurer 904-384-2222



TALLAHASSEE Chapter of National Association of Women in Construction

Post Office Box 1533

Tallahassee, Florida 32302

- D / President Charlotte B. Easter 2777 Tuscarilla Rd., Tallahassee, FL 32312
D / Vice Pres Jackie K. Wilson 2444 Laurel Drive, Tallahassee, FL 32303
D / Treasurer Susan E. Hastings Ptl Box 308, Lamont, FL 32332,
D / Secretary Diane M. Hale Rt 5 Box 2665, Crawfordville, FL 32327

File Now. Filing Fee after May 1 is \$225.00

APR 1 1993

CORPORATION
ANNUAL REPORT
1993

FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation	DOCUMENT # 721897 (1)
TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.	
1804 SAULS ST. (32308)	
P. O. BOX 1533	
TALLAHASSEE FL 32308-5153	

If above mailing address is incorrect in any way, check here and enter correction in Block 21

FILING FEE ANNUAL REPORT \$81.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
\$200.00 MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address	2a. Principal Place of Business	3. Date Incorporated or Organized	3b. Date of Last Filing
21 Suite, Apt. #, etc	2b. Suite, Apt. #, etc	09/14/1971	03/20/1992
22 City & State	23 City & State	4. FEI Number	5. Termination Status Desired
24 Zip	25 County	237354786	50-75
26	27	6. Tax Exempt Status	6. Tax Exempt Status
28	29	7. Nonresident with IRS 501(c)(3) Tax Exempt Status	7. Nonresident with IRS 501(c)(3) Tax Exempt Status
29	30	8. Nonresident with IRS 501(c)(3) Tax Exempt Status	8. Nonresident with IRS 501(c)(3) Tax Exempt Status
9. Name and Address of Current Registered Agent			
10. Name and Address of New Registered Agent			

MADD, MARSHLEA A.
1804 SAULS STREET
TALLAHASSEE FL 32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

[Signature] Registered Agent Accepting Appointment

DATE

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
11 TITLE 12 NAME 13 ADDRESS 14 CITY-ST-ZP	11 TITLE 12 NAME 13 ADDRESS 14 CITY-ST-ZP
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14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature on this form is the current signature of the officer or director whose name appears in Block 12, Block 13, or on an attachment with an address. I further certify that I am an officer or director of the corporation or its trustee or trustee employee and is executing this document in accordance with the Florida Statutes and that my name appears in Block 12, Block 13, or on an attachment with an address.

SIGNATURE *Charlotte Easter*

DATE 4/28/93

Print/Type Name of Signing Officer or Director

Charlotte Easter

Title

President

Division/Department

(984) 893-1133

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1994



1. OFFICE OF THE CHAIRMAN
TALLAHASSEE FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.

MAILING ADDRESS
1001 SAULS ST. (P.O. BOX)
P.O. BOX 1550
TALLAHASSEE FLA 32302

DOCUMENT #
721697 (1)

FILER

FEB 7 1994 2 PM '94

NWCA MAILING ADDRESS

1001 SAULS ST. (P.O. BOX)
P.O. BOX 1550
TALLAHASSEE FLA 32302

21	22	23	24	25	26	27	28	29	30
NAME & ADDRESS	Suite 400 • 1001 Saus	C. O. S. Store	Countin						

08/14/1971 05/01/1993

23-7354788

\$8.75

\$5.00 May Br
Added to Fees

9. Name and Address of Current Registered Agent

RUDD, MARSHLEA A.
1001 SAULS STREET
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81	82	83	84	85
	Snow Adutros			FL

11. Pursuant to the provisions of Sections 601.08(2) and 601.08(3), I declare under penalty of perjury that I am the registered agent for the purpose of receiving its registered mail, and that the information contained in this report is true and correct to the best of my knowledge and belief.

SIGNATURE

OFFICERS AND DIRECTORS

12	13	14
1. VICE PRESIDENT DIRECTOR EX-OFFICIO DIRECTOR	P/O EASTER, CHARLOTTE B. 2277 TUSCANILLA RD. TALLAHASSEE FL	P/O HASTINGS, SUSAN 1842 Bear Box Lamont, FL 32336
2. SECRETARY DIRECTOR EX-OFFICIO DIRECTOR	V/O HASTINGS, SUSAN E ROUTE 1, BOX 308 LAMONT FL 32336	V/O Watson, Jackie 24044 Lanrell Dr. Tallahassee, FL 32308
3. TREASURER DIRECTOR EX-OFFICIO DIRECTOR	TAD COYNER, DEANA M 2051 LONGMEW DR. TALLAHASSEE FL 32303	T/TD Clayborne, Yvonne 1807 Wagon Wheel Ct #1 Tallahassee, FL 32311
4. DIRECTOR EX-OFFICIO DIRECTOR	SIO POWELL, MARGARET 1002 MATTHEW ST. TALLAHASSEE FL 32302	
5. DIRECTOR EX-OFFICIO DIRECTOR		
6. DIRECTOR EX-OFFICIO DIRECTOR		
7. DIRECTOR EX-OFFICIO DIRECTOR		
8. DIRECTOR EX-OFFICIO DIRECTOR		
9. DIRECTOR EX-OFFICIO DIRECTOR		
10. DIRECTOR EX-OFFICIO DIRECTOR		
11. DIRECTOR EX-OFFICIO DIRECTOR		
12. DIRECTOR EX-OFFICIO DIRECTOR		
13. DIRECTOR EX-OFFICIO DIRECTOR		
14. DIRECTOR EX-OFFICIO DIRECTOR		

15. I declare under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge and belief. This information is based on the annual report of our corporation filed with the Secretary of State of Florida. This report has been reviewed by our attorney, Thomas M. Clamboone, Esq., who has determined that it is in accordance with the laws of the State of Florida and that it is correct. The undersigned has authority to execute this report as required by law. I have also signed a copy of this report and it is attached hereto.

SIGNATURE: *Thomas M. Clamboone* 2-3-94 (904) 220-1424
NOTARIZED AND SWORN TO BEFORE ME THIS 21ST DAY OF FEBRUARY 1994 BY THOMAS M. CLAMBOONE, ESQ., NOTARIAL OFFICER OR NOTARY PUBLIC