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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 FEB 27 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **637642** **(0)**

1. Corporation Name
GOLDSMITHS II, INC.

Principal Place of Business	Mailing Address
13042 INDIAN ROCKS RD LARGO FL 34644	13042 INDIAN ROCKS RD LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1979**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business
21: 12199 INDIAN Rocks Rd
22: Suite, Apt. #, etc.
23: City & State: Largo Fl.
24: Zip: 34644
25: Country: Pinellas

2a. Mailing Address
26: 12199 INDIAN Rocks Rd
27: Suite, Apt. #, etc.
28: City & State: Largo Fl
29: Zip: 34644
30: Country: Pinellas

4. FEI Number: **59-1937577** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARNEY, VICTORIA Y.
13042 INDIAN ROCKS ROAD
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name: Carney, Victoria Y
82 Street Address (P.O. Box Number is Not Acceptable): 12199 INDIAN Rocks Rd
83:
84 City: LARGO FL 85 Zip Code: 34644

11. 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CARNEY, VICTORIA Y.	12 NAME	
STREET ADDRESS	14007 SILVER OAK CRL	13 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	S T ☒ Change ☐ Addition
NAME	JENRETTE, CAROL	22 NAME	SHARON MARINO
STREET ADDRESS	7680 135TH STREET, NORTH	23 STREET ADDRESS	15151 SWEETWATER
CITY-ST-ZIP	SEMINOLE FL	24 CITY ST ZIP	FT MYERS, FL. 33912
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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; 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Victoria Carney VICTORIA CARNEY 1-31-95 813-596-4734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0343367 CP