

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY - 1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **711941** (5)

1. Corporation Name
GOODWILL INDUSTRIES-SUNCOAST, INC.

Principal Place of Business: **10596 GANDY BLVD. ST. PETERSBURG FL 33733**
Mailing Address: **P.O. BOX 14456 ST. PETERSBURG FL 33733-4456**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1966	3a. Date of Last Report 04/01/1994
4. FEI Number 59-0718492	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**WAITS, R. LEE
10596 GANDY BLVD
ST. PETERSBURG FL 33733**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P O Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]* DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRADLEY, JAMES P REV.
STREET ADDRESS	4701 N. HIMES AVE.
CITY ST ZIP	TAMPA FL 33614-6694
TITLE	D
NAME	CARTER, GERALD E
STREET ADDRESS	26996 U.S. HWY. 19 N.
CITY ST ZIP	CLEARWATER FL 34621
TITLE	D
NAME	LEO, ALBERT J
STREET ADDRESS	9400 U.S. 19 NORTH
CITY ST ZIP	PINEALLAS PARK FL
TITLE	D
NAME	FREEMAN, CORINNE
STREET ADDRESS	5858 CENTRAL AVE.
CITY ST ZIP	ST. PETERSBURG FL 33707
TITLE	PD
NAME	WAITS, R. L
STREET ADDRESS	10596 GANDY BLVD.
CITY ST ZIP	ST. PETERSBURG FL
TITLE	D
NAME	GRASSER, PAUL R
STREET ADDRESS	1311 N. WESTSHORE SUITE 203
CITY ST ZIP	TAMPA FL 33607-4614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 Sections 110.07(3)(b), 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am not, or on an attachment with my address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR