FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005697

1. Corporation Name
GOODWILL INDUSTRIES OF THE GULF COAST INC.

Principal Place of Business	Mailing Address
2448 GORDON SMITH DR. MOBILE AL 36617	2448 GORDON SMITH DR. MOBILE AL 36617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:
4. FEI Number: 63-0363472 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

MELLAR, MARGE
15 E. BRENT
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name: Robert P. Dugas
82 Street Address (P.O. Box Number is Not Acceptable): 15 E. Brent Lane
83: 700001488287
84 City: Pensacola
05/16/95--01020--002
****130.00 ****25.00

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: Robert P. Dugas — 3-14-95
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	T	1.1 TITLE	C	☒ Change ☐ Addition
NAME	QUACKENBUSH, DOTTIE	1.2 NAME	GIBSON, EVELYN	
STREET ADDRESS	61 ST. JOSEPH ST.	1.3 STREET ADDRESS	19 MIDTOWN PARK DR. W.	
CITY-ST-ZIP	MOBILE AL 36603	1.4 CITY-ST-ZIP	MOBILE AL 36606	
TITLE	D	2.1 TITLE	V	☒ Change ☐ Addition
NAME	CLEAVER, WENDELL	2.2 NAME	MATTEI, HARRY	
STREET ADDRESS	2009 LAKEWOOD DR.	2.3 STREET ADDRESS	2065 Old Shell Road	
CITY-ST-ZIP	MOBILE AL 36608	2.4 CITY-ST-ZIP	MOBILE AL 36607	
TITLE	D	3.1 TITLE	S	☒ Change ☐ Addition
NAME	FARMER, KARLENE	3.2 NAME	QUACKENBUSH, DOTTIE	
STREET ADDRESS	307 E. DELWOOD DR.	3.3 STREET ADDRESS	61 ST. JOSEPH STREET	
CITY-ST-ZIP	MOBILE AL 36606	3.4 CITY-ST-ZIP	MOBILE AL 36603	
TITLE	D	4.1 TITLE	T	☒ Change ☐ Addition
NAME	HALFORD, DOUG	4.2 NAME	JONES, GREGORY	
STREET ADDRESS	421 N. PALAFOX	4.3 STREET ADDRESS	1 MAGNUM PASS	
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	MOBILE AL 36610	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KNIGHT, STILLMAN	5.2 NAME	HALFORD, DOUG	
STREET ADDRESS	6251 MONROE ST., #201	5.3 STREET ADDRESS	421 N. PALAFOX	
CITY-ST-ZIP	DAPHNE AL 36526	5.4 CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KRETZER, JULIUS	6.2 NAME		
STREET ADDRESS	211 CHILDREE DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL 36608	6.4 CITY-ST-ZIP	TIS, 5/12/95	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert P. Dugas — 3-14-95 — 534-471-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #