

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

3-7-95 8-5150
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:22

DOCUMENT # L97918

(1)

1. Corporation Name

GOLDEN FORCE, INC.

Principal Place of Business

14802 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618

Mailing Address

14802 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618

New Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/06/1990

3a. Date of Last Report

01/27/1994

4. FEI Number

59-3030517

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

2. Principal Place of Business

21 16805 US 19 N

2a. Mailing Address

26 16805 US 19 North

Suite, Apt. #, etc.

22 CLEARWATER, FL.

Suite, Apt. #, etc.

27 CLEARWATER, FL. 34634

City & State

23

City & State

28

Zip

24 34634

Country

25 Pinellas

Zip

29 34634

Country

30

9. Name and Address of Current Registered Agent

BARBARA, EDWARD M., JR.
14802 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

BARBARA, EDWARD M. JR.

82 Street Address (P.O. Box Number is Not Acceptable)

16805 US 19 NORTH

83

84 City

CLEARWATER

FL

85 Zip Code

34634

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ 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 Section 119.07(3)(k), Florida Statutes. I further certify that this information is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am or was a director, officer, or shareholder 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 13, whichever is applicable, in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1995

013-535-7558