

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000008042 (9)

1. Corporation Name
GOODLETTE, COLEMAN & JOHNSON, P.A.



Principal Place of Business
4001 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 33940

Mailing Address
4001 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103-3591

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 01/22/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0636223 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
COLEMAN, KEVIN G
4001 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 33940

| |
|--|
| 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 607.1508, 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 _____ **DATE** _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODLETTE, J. DUDLEY | 1.2 NAME | |
| STREET ADDRESS | 4751 GULF SHORE BLVD., PH#5 | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | NAPLES FL 33940 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLEMAN, KEVIN G | 2.2 NAME | |
| STREET ADDRESS | 2009 TIMBERLINE DRIVE <i>6845 Wellington Dr.</i> | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | NAPLES FL 33942 <i>Naples FL 34109</i> | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, KENNETH R | 3.2 NAME | |
| STREET ADDRESS | 2365 MAYFIELD COURT | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | NAPLES FL 33942 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ **DATE** _____ **DAYTIME PHONE #** _____

CR2E034 (9/96)