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95 MAY -1 AM 4:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Murphree
Secretary of State
1900 South G Street, Tallahassee, Florida 32304

DOCUMENT # 165677 (6)

HARRY H. GOODWIN, INCORPORATED

Principal Place of Business: **2908 EDISON AVE JACKSONVILLE FL 32205**
Mailing Address: **2908 EDISON AVE JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1951	3a. Date of Last Report 05/01/1994
4. FEI Number 59-0655436	Applied For <input type="checkbox"/> 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 1987-1994 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Sub-Apt # etc. 22	Sub-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 SWEAT, JAMES W, JR 2908 EDISON AVE JACKSONVILLE FL		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		FL B5 Zip Code	

11. Pursuant to the provisions of Sections 607.08(2), 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 stipulations of sections 607.08(2) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
OFFICER	PD NAME: SWEAT, JAMES W, JR STREET ADDRESS: 14856 PLUMOSA DRIVE JACKSONVILLE BCH FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VD NAME: SWEAT, DOLORES K. STREET ADDRESS: 14856 PLUMOSA DR JACKSONVILLE FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VD NAME: SWEAT, RICHARD K. STREET ADDRESS: 2908 EDISON AVE. JACKSONVILLE FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is substantially true and correct and that I am qualified to be the registered agent for the corporation. I further certify that the only copies made of this annual report or supplemental annual report are true and correct 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 trustee of a trust incorporated to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an addendum with an address.

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