FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 309885 (2)

1. Corporation Name

GOFF COMMUNICATIONS, INC.

000001483240
-05/10/95--01024--007
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2172 TENTH STREET SARASOTA FL 34237-3412	2172 TENTH STREET SARASOTA FL 34237-3412

3. Date Incorporated or Qualified: 10/03/1966
3a. Date of Last Report: 04/26/1994

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)

4. FEI Number: 59-1149381 ☐ 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

9. Name and Address of Current Registered Agent

GOFF,LUTHER A
2172 10TH ST
SARASOTA FL 31237

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (X)	
TITLE	DV	TITLE	☐ Change ☒ Addition
NAME	GOFF, KENNETH C.	NAME	GOFF, THOMAS B.
STREET ADDRESS	847 HUDSON AVENUE	STREET ADDRESS	847 HUDSON AVE
CITY ST ZIP	SARASOTA FL	CITY ST ZIP	SARASOTA, FLORIDA 34236
TITLE	DTP	TITLE	☐ Change ☒ Addition
NAME	GOFF, LUTHER A	NAME	WINTER, PAUL
STREET ADDRESS	847 HUDSON AVENUE	STREET ADDRESS	2017 SE 7TH STREET
CITY ST ZIP	SARASOTA FL	CITY ST ZIP	CAPE CORAL, FL 33990
TITLE	DV	TITLE	☐ Change ☒ Addition
NAME	GOFF, JAMES E	NAME	JONES, BRIAN T
STREET ADDRESS	887 HUDSON AVE	STREET ADDRESS	2120 MICHELLE DR
CITY ST ZIP	SARASOTA FL	CITY ST ZIP	SARASOTA, FL 34231
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	GOFF, SHAUNE E.	NAME	
STREET ADDRESS	847 HUDSON AVENUE	STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	CITY ST ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	GOFF, AMBROSIA M.	NAME	
STREET ADDRESS	847 HUDSON AVENUE	STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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)(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 above, or on an attachment with an address.

SIGNATURE: Brian T. Jones 4-28-95 (813)955-7106

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date

0342734 CP