FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **309885** **(2)**

1. Corporation Name

GOFF COMMUNICATIONS, INC.

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: **05/01/1995**

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

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: JAMES E. GOFF

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

83: 847 HUDSON AVE

84 City: SARASOTA FL 85 Zip Code: 34236

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: ~~J. S. Goff~~ V.P. DATE: 4/30/96

(NOTE: Registered Agent Signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	GOFF, KENNETH C.	
STREET ADDRESS	847 HUDSON AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DTP	☒ DELETE
NAME	GOFF, LUTHER A	
STREET ADDRESS	847 HUDSON AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	☐ DELETE
NAME	GOFF, JAMES E	
STREET ADDRESS	887 HUDSON AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	GOFF, SHAUNE E.	
STREET ADDRESS	847 HUDSON AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	☒ DELETE
NAME	GOFF, AMBROSIA M.	
STREET ADDRESS	847 HUDSON AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	GOFF, THOMAS B	
STREET ADDRESS	847 HUDSON AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D.V.T.	☒ Change ☐ Addition
3.2 NAME	GOFF, JAMES E	
3.3 STREET ADDRESS	847 HUDSON AVE	
3.4 CITY-ST-ZIP	SARASOTA, FL 34236	
4.1 TITLE	D.S.	☒ Change ☐ Addition
4.2 NAME	GOFF SHAUNE	
4.3 STREET ADDRESS	847 HUDSON AVE	
4.4 CITY-ST-ZIP	SARASOTA, FL 34236	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D.P.	☒ Change ☐ Addition
6.2 NAME	GOFF, THOMAS B	
6.3 STREET ADDRESS	847 HUDSON AVE	
6.4 CITY-ST-ZIP	SARASOTA, FL 34236	

CR2E034 (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)(k), 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: ~~J. S. Goff~~ V.P. 4/30/96 941-955-7106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

~~JAMES E. GOFF~~ V.P.