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FILED

May 12 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 # 309885

(2)

1. Corporation Name  
GOFF COMMUNICATIONS, INC.

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

Mailing Address  
2172 TENTH STREET  
SARASOTA FL 34237-3412



3. Date Incorporated or Qualified  
10/03/1986

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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, JAMES E.  
847 HUDSON AVENUE  
SARASOTA FL 34236

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

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 DV ☐ DELETE  
NAME GOFF, KENNETH C.  
STREET ADDRESS 847 HUDSON AVENUE  
CITY-ST-ZIP SARASOTA FL

TITLE DVT ☐ DELETE  
NAME GOFF, JAMES E  
STREET ADDRESS 887 HUDSON AVE  
CITY-ST-ZIP SARASOTA FL

TITLE DS ☐ DELETE  
NAME GOFF, SHAUNE E.  
STREET ADDRESS 847 HUDSON AVENUE  
CITY-ST-ZIP SARASOTA FL

TITLE DP ☒ DELETE  
NAME GOFF, THOMAS B  
STREET ADDRESS 847 HUDSON AVE.  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME GOFF, KENNETH C.  
1.3 STREET ADDRESS 2438 ICE CAPE DRIVE  
1.4 CITY-ST-ZIP SARASOTA, FL. 34240

2.1 TITLE DVT ☒ Change ☐ Addition  
2.2 NAME GOFF, JAMES E.  
2.3 STREET ADDRESS 2191 HYDE PARK STREET  
2.4 CITY-ST-ZIP SARASOTA, FL 34239

3.1 TITLE DS ☒ Change ☐ Addition  
3.2 NAME DRAZEK, SHAUNE E.  
3.3 STREET ADDRESS 847 HUDSON AVE  
3.4 CITY-ST-ZIP SARASOTA, FL 34236

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE V ☒ Change ☒ Addition  
5.2 NAME WINTER, PAUL  
5.3 STREET ADDRESS 2017 SE. 7TH STREET  
5.4 CITY-ST-ZIP CAPE CORAL, FL 33900

6.1 TITLE V ☒ Change ☒ Addition  
6.2 NAME JONES, BRIAN T.  
6.3 STREET ADDRESS 3120 MICHELE DR.  
6.4 CITY-ST-ZIP SARASOTA, FL 34231

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date

(941) 955-7106

Daytime Phone #

CR2E034 (9/96)