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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 309885

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1966

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21

N/A

2a. Mailing Address

26

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

N/A

City & State

28

N/A

Zip

Country

24

25

Zip

Country

29

30

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 DP ☐ DELETE

NAME GOFF, KENNETH C.
STREET ADDRESS 2438 ICE CAPE DR
CITY-ST-ZIP SARASOTA FL

TITLE DVT ☐ DELETE

NAME GOFF, JAMES E
STREET ADDRESS 2191 HYDE PARK ST
CITY-ST-ZIP SARASOTA FL

TITLE DS ☐ DELETE

NAME DRAZEK, SHAUNE E
STREET ADDRESS 847 HUDSON AVENUE
CITY-ST-ZIP SARASOTA FL

TITLE V ☐ DELETE

NAME WINTER, PAUL
STREET ADDRESS 2017 SE 7TH ST
CITY-ST-ZIP CAPE CORAL FL

TITLE V ☐ DELETE

NAME JONES, BRIAN T
STREET ADDRESS 2120 MICHELE DR
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☒ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

3
GOFF, SHAUNE E
847 HUDSON AVE
SARASOTA, FL

VD
JONES, BRIAN T
2120 MICHELE DRIVE
SARASOTA, FL

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)