

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 MAR -3 AM 8: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 349119 (8)

1. Corporation Name

DAVID & GODDARD, INC.

Principal Place of Business

Mailing Address

4345 U.S. 92 E.  
P.O. BOX 3446  
LAKELAND FL 33801

4345 U.S. 92 E.  
P.O. BOX 3446  
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/09/1969

3a. Date of Last Report

02/11/1994

4. FEI Number

59-1271319

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GODDARD, CLAUDE H.JR.  
KATHLEEN ROAD ROUTE 10  
LAKELAND FL 33801

81 Name

CLAUDE H. GODDARD, JR.

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

1249 TALL PINES DR.

83

84 City

OSTEEN

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 of Current Registered Agent and the corporation)

(NOTE: Registered Agent signature required on this statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                      |
|----------------|----------------------|
| TITLE          | PC                   |
| NAME           | GODDARD SR, CLAUDE H |
| STREET ADDRESS | SUNSET WAY           |
| CITY, ST, ZIP  | LAKELAND, FL 00000   |
| TITLE          | VO                   |
| NAME           | GODDARD JR, CLAUDE H |
| STREET ADDRESS | 1249 TALL PINES DR.  |
| CITY, ST, ZIP  | OSTEEN FL            |
| TITLE          | D                    |
| NAME           | GODDARD, BLAKELY     |
| STREET ADDRESS | SUNSET WAY           |
| CITY, ST, ZIP  | LAKELAND, FL 00000   |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 1.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP |                                                                   |
| 3.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY, ST, ZIP  |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information appearing 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. 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 to this report.

SIGNATURE:

CLAUDE H. GODDARD

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

7/21/95 813.652.6356