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 # **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

3. Date Incorporated or Qualified: **07/09/1969**

3a. Date of Last Report: **03/03/1995**

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 1249 Tall Pines Dr.	26 1249 Tall Pines Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Osteen, Fl	City & State 28 Osteen, Fl
Zip 24 32764 Country 25 Volusia	Zip 29 32764 Country 30 Volusia

9. Name and Address of Current Registered Agent

GODDARD, CLAUDE H.JR.
1249 TALL PINGS DRIVE
OSTEEN FL 33801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1249 Tall Pines Dr.

83

84 City Osteen **FL** 85 Zip Code 32764

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GODDARD SR, CLAUDE H		1.2 NAME	
STREET ADDRESS	SUNSET WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GODDARD JR, CLAUDE H		2.2 NAME	
STREET ADDRESS	1249 TALL PINES DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	OSTEEN FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GODDARD, BLAKELY		3.2 NAME	
STREET ADDRESS	SUNSET WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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)(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: Claude H Goddard Jr Claude H Goddard Jr 2-14-96 407-324-0760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)