

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 # 369695 (2)

1. Corporation Name

RAY AND CLAUDE GOODWIN, INC.



Principal Place of Business

Mailing Address

1033 S EDGEWOOD AVE
JACKSONVILLE FL 32205

1033 S EDGEWOOD AVE
JACKSONVILLE FL 32205

3. Date Incorporated or Qualified

09/14/1970

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1301855

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

GOODWIN, ARTHUR R
1033 S EDGEWOOD AVE
JACKSONVILLE FL 32205

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 signing officer or director)

(Date - Registered Agent signature is dated when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	GOODWIN, ARTHUR R	
STREET ADDRESS	4705 ORTEGA FOREST DR.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	☐ DELETE
NAME	GOODWIN, CLAUDIA D	
STREET ADDRESS	4705 ORTEGA FOREST DR	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	VST	☐ DELETE
NAME	GOODWIN, A. CLAUDE	
STREET ADDRESS	2515 HOLLY POINT RD E	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	V	☐ DELETE
NAME	CARPENTER, ROBERT H	
STREET ADDRESS	RT 4 BOX 700	
CITY - ST - ZIP	BALDWIN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	

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:

A. Claude Goodwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. CLAUDE GOODWIN, SEC & TREAS.

4-11-96

904-387-3541

Daytime Phone #

CR2E034 (12/95)