SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortharm ANNUAL REPORT Secretary of State DIVISION OF CARPORATIONS FILED 1996 DOCUMENT # 96 DEC 30 M 8: 16 386656 (3)SECRETARY OF STATE GOOCH REALTY, INC. Principal Place of Business REINSTATEMENT 1996 Mailing Address 1831 AUDUBON DRIVE 1831 AUDUBON DRIVE CLEARWATER FL 34624 CLEARWATER FL 34624 08/10/1971 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1359799 26 Not Applicable Suite, Apt #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation has liability for Intengible tax under s. 199.032, Florida Statutes Yes No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOOCH, LEWIS E 11610 EAST LAUREL COURT Street Address (P.O. Box Number is Not Acceptable) FLORAL CITY FL 32630 City 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 Porida. 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 (NOTE: Registered Apert suprature re 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PD DELETE Change Addition 1.1 TITLE GOOCH, LEWIS E 1.2 NAME 11610 EAST LAUREL COURT STREET ADDRESS 1.3 STREET ADDRESS FLORAL CITY FL CITY - ST - ZIP 14 CITY-ST-ZIP 300002051863--2 -01/09/97--01015--004 TITLE TS DELETE 21 III F NAME SAMSON, FRANCES W 22 NAME 1831 AUDUBON STREET ADDRESS 2.3 STREET ADDRESS ****375.00 ****375.80 CLEARWATER FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE MACFARLAND, DON NAME 3.2 NAME 311 S MISSOURI AVE STREET ADDRESS 3.3 STREET ADDRESS CLEARWATER FL CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition SAMSON, FRANCES W NAME 4. 2 NAME 1831 AUDUBON STREET ADORESS 43 STREET ADDRESS **CLEARWATER FI** CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - 71P 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE 5.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. MATURE AND TYPED OR PRINTED NAME OF BIOKING OFFICER OR DIRECTOR SIGNATURE:

0120307