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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

DOCUMENT # **450429**

1. Corporation Name
GOLDEN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4450 W. EAU GAILLIE BLVD., #250 250 PERIMETER MELBOURNE FL 32934	4450 W. EAU GAILLIE BLVD., #250 250 PERIMETER MELBOURNE FL 32934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1974

4. FEI Number: 59-1525854 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

WINTER, WALTER W.
4450 W. EAU GALLIE BLVD., #250
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name: Ashley Jo
82 Street Address (P.O. Box Number is Not Acceptable): 4450 W Eau Gallie Blvd #250
83
84 City: Melbourne FL 85 Zip Code: 32934

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: Jo Ashley CEO — 5-14-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WINTER, WALTER W		1.2 NAME	Dunnam, Michael	
STREET ADDRESS	2225 HIGHWAY A1A		1.3 STREET ADDRESS	44 Oakwood Dr.	
CITY-ST-ZIP	INDIAN HARBOR BEACH, F		1.4 CITY-ST-ZIP	DRESHER, PA 19025-2007	
TITLE	VST	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ASHLEY, JO		2.2 NAME	Clouser, Bruce	
STREET ADDRESS	10670 S. TROPICAL TRAIL		2.3 STREET ADDRESS	360 Curwyn Lane	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	Berwyn, PA 19312	
TITLE		☐ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME			3.2 NAME	Winter, Janet	
STREET ADDRESS			3.3 STREET ADDRESS	430 Leonard Rd	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	HUNTINGDON VALLEY, PA 19006	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Hoyman, Charles	
STREET ADDRESS			4.3 STREET ADDRESS	844 Oak Park Dr	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		☐ DELETE	5.1 TITLE	P	☐ Change ☒ Addition
NAME			5.2 NAME	Jones, Thomas O	
STREET ADDRESS			5.3 STREET ADDRESS	232 East 68th St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	New York, NY 10021	
TITLE		☐ DELETE	6.1 TITLE	TS	☒ Change ☐ Addition
NAME			6.2 NAME	Ashley, Jo	
STREET ADDRESS			6.3 STREET ADDRESS	10670 S. Tropical Trail	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Merritt Island, FL 32952	

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: Jo Ashley — 4/28/99 — 407-259-0854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)