

DOCUMENT # 547208

1. Entity Name

GODFREY ELECTRIC, INC.

Principal Place of Business

1222 OMAR RD
W PALM BCH FL 33405

Mailing Address

1222 OMAR RD
W PALM BCH FL 33405

2. Principal Place of Business

2511 Westgate Ave

3. Mailing Address

2511 Westgate Ave

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

59-1784195

Applied For

Not Applicable

Zip

33409

Country

Zip

33409

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GODFREY, JOSEPH C.
180505 TRANQUILITY BASE LANE
FT PIERCE FL 34988

Address Change Only

7. Name and Address of New Registered Agent

Name

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

1604 Seaway Dr

City

Ft Pierce

FL

Zip Code

34949

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **T** ☐ Delete
NAME **GODFREY, JOSEPH C.**
STREET ADDRESS **18505 TRANQUILITY BASE L**
CITY-ST-ZIP **FT PIERCE FL**TITLE **SD** ☐ Delete
NAME **GODFREY, ALBERT G., JR.**
STREET ADDRESS **927 S. E. WATERSIDE WAY**
CITY-ST-ZIP **STUART FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Address Change Only** ☒ Change ☐ Addition
NAME **Joseph C Godfrey**
STREET ADDRESS **1604 Seaway Dr**
CITY-ST-ZIP **Ft Pierce, FL 34949**TITLE **Address Change Only** ☒ Change ☐ Addition
NAME **Albert G. Godfrey Jr**
STREET ADDRESS **54 Milestone Way**
CITY-ST-ZIP **West Palm Beach, FL 33415**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Albert G Godfrey Jr President 1-09-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-01

561-712-8433

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)