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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

573879

(4)

JAMES M. GOODSON, INC.

FILED
May 05 1998 8:00am
Secretary of State

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	762 1 AVENUE 13597 ace of Business 7 SE 110 fL Ave #, etc.	Mailing Address COUNTY ROAD 762 2198 SE 110TH AVENUE WEBSTER FL 33597 US 2a. Mailing Address 2b. Spin County Suite, Apt. #, etc. 27 City & State 28			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/30/1978 4. FEI Number 59-1831859 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution DO NOT WRITE IN THIS SPACE Applied For Not Applied For Not Applied For S8.75 Additional Fee Required \$5.00 May Be Added to Fees	
Zip 24 3357	7 25 Sumter	Ζιρ 29	Countr 30	ry		8. This corporation ciwes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 3337	Name and Address of Current		30			10. Name and Address of New Registered Agent
600	DDSON, JAMES M.		81	1	Name	
2198 SE 110TH AVENUE WEBSTER FL 33597			82 83	1	Street Add	dress (P.O. Box Number is Not Acceptable)
			84	4	City	FL 85 Zip Code
office or re agent. I a	o the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligating the section of the s	of Florida. Such change was all ions of, Section 607.0505, Florida.	uthorized b rida Statute	by t es.	the corpora	orporation submits this statement for the purpose of changing its registered alion's board of directors. I hereby accept the appointment as registered 4-26-98 (uired when reinstaling) DATE
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODSON, JAMES M. 2198 SE 110TH AVENUE WEBSTER FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY	E et al		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[_] DELETE	2 1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	e Et ai		Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	£	□ DELÉTE	6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY-	E Et al	ADORESS - ZIP	☐ Change ☐ Addition
14. I hereby of indicated officer or of the control	on this annual report or supplemental :	annual report is true and accu ver or trustee empowered to e	r the exemurate and t	ption that	on stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in