

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005697

1. Entity Name

GOODWILL INDUSTRIES OF THE GULF COAST, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 PM 12:08

Principal Place of Business

2448 GORDON SMITH DR
MOBILE AL 36617

Mailing Address

2448 GORDON SMITH DR
MOBILE AL 36617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0363472

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN G. CONKLAN, JR.
15 E. BRENT LANE
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

Frank Harkins

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

City

FL

Zip Code

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

Frank Harkins, President/CEO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, E. BURNLEY	
STREET ADDRESS	P.O. DRAWER G N/A	
CITY-ST-ZIP	MOBILE AL	
TITLE	C	<input type="checkbox"/> Delete
NAME	MATTEI, HARRY	
STREET ADDRESS	2065 OLD SHELL RD	
CITY-ST-ZIP	MOBILE AL 36607	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBINSON, LYNN	
STREET ADDRESS	P.O. BOX 8247-N/A	
CITY-ST-ZIP	MOBILE AL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, GREGORY	
STREET ADDRESS	1 MAGNUM PASS	
CITY-ST-ZIP	MOBILE AL 36618	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALFORD, DOUG	
STREET ADDRESS	421 N. PALAFOX	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONKLAN, JOHN G JR.	
STREET ADDRESS	2448 GORDON SMITH DR.	
CITY-ST-ZIP	MOBILE AL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300003391353--1	
CITY-ST-ZIP	-09/13/00--01046--003	
	*****61.25 *****61.25	
TITLE	VC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dottie Quackenbush	
STREET ADDRESS	P O Box 1508	
CITY-ST-ZIP	Mobile, AL 36633	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Luce	
STREET ADDRESS	1939 Dauphin Island Parkway	
CITY-ST-ZIP	Mobile, AL 36605	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis Shreve	
STREET ADDRESS	P O Box 8887	
CITY-ST-ZIP	Mobile, AL 36689-0887	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitzi Prince Henley	
STREET ADDRESS	P. O. Box 190	
CITY-ST-ZIP	Ft. Walton Beach, FL 32549	
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Harkins	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(334) 471-1581

Daytime Phone #

CR2E037 (5/00)