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Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J21406 (0)
1. Corporation Name
VAN GO ENTERPRISES, INC.



Principal Place of Business Mailing Address
183 E. FOSTER CT (LECANTO, FL) 183 E. FOSTER CT (LECANTO, FL)
P.O. BOX 684 P.O. BOX 684
INVERNESS FL 34451 INVERNESS FL 34451
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business Hwy 2a. Mailing Address
21 2175 E. NORVELL BRYANT 26 P.O. Box 684
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 OAK TREE PLAZA 27
City & State City & State
23 LECANTO, FL 28 INVERNESS FL
Zip Country Zip Country
24 34461 25 USA 29 34451 30 USA

3. Date Incorporated or Qualified
06/26/1986
4. FEI Number
59-2695464
5. Certificate 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PFEIFFER, SHIRLEY H
183 E FOSTER CT
LECANTO FL 34461

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE
NAME PT
STREET ADDRESS PFEIFFER, SHIRLEY H
CITY-ST-ZIP 183 E. FOSTER CT
LECANTO FL
TITLE ☐ DELETE
NAME VS
STREET ADDRESS OGDEN, MICHAEL F
CITY-ST-ZIP 1281B E NORVELL BRYANT HWY
HERNANDO FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: Shirley H. Pfeiffer, President 1/12/98 352-344-5353

CR2E034 (10/97)