

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$975.)

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J47004			
1. Corporation Name Goodnow & Associates, Inc.			
Principal Place of Business 15 Crossroads Suite 196 Sarasota FL 34239		Mailing Address 15 Crossroads Suite 196 Sarasota FL 34239	
2. Principal Place of Business 21 6140 Midnight Pass Road		2a. Mailing Address 28 6140 Midnight Pass Road	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Sarasota FL		City & State 28 Sarasota FL	
ZIP 24 34242		ZIP 29 34242	
Country 25 US		Country 30 US	
3. Date Incorporated or Qualified 12/11/1986		3a. Date of Last Report	
4. FEI Number 59-2744148		Applied For Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent Goodnow, William 6140 Midnight Pass Road Sarasota FL 34242		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 ZIP	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) <i>[Signature]</i> Date			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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 617, Florida Statutes, and that my name appears in Part 12 or Part 13 if changed, or on an attachment with an address. SIGNATURE <i>[Signature]</i> (941) 346-1736 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>[Signature]</i> Daytime Phone #			

WILLIAM G. GOODNOW, PRES