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Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J97110 (7)
 1. Corporation Name
LAWRENCE W. GOUGH, INC.



Principal Place of Business: 1606 FIRST ST., S. 505 AVENUE A. N.W., STE. 200 WINTER HAVEN FL 33880 US
 Mailing Address: P. O. BOX 391 WINTER HAVEN FL 33882-0391 US

3. Date Incorporated or Qualified: 10/13/1987
 3a. Date of Last Report: 03/26/1996

2. Principal Place of Business: 21 3389 CYPRESS GARDENS ROAD 22 WINTER HAVEN, FL 23 33884 USA
 2a. Mailing Address: 26 27 28 29 30
 4. FEI Number: 01-0433336 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: LAWRENCE GOUGH, 1606 FIRST ST., S., WINTER HAVEN FL 33880
 10. Name and Address of New Registered Agent: 81 Name: LAWRENCE GOUGH, 82 Street Address: 3389 CYPRESS GARDENS ROAD, 83, 84 City: WINTER HAVEN, FL 85 Zip Code: 33884

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST FITZPATRICK, ALBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 FRANKLIN ST HOULTON ME	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D FITZPATRICK, FRANCIS J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOXCROFT RD. HOULTON ME	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D GOOD, THOMAS L.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER RD. MONTICELLO ME	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	DP GOUGH, LAWRENCE W.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RFD 4, BOX 64 HOULTON ME	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D GOUGH, MICHAEL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	43 COLUMBIA ST. HOULTON ME	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: _____ SIGNATURE REQUIRED
 _____ Lawrence W. Gough 207-532-2267
 DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)