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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90102 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J97110

1. Corporation Name
LAWRENCE W. GOUGH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 3389 CYPRESS GARDENS ROAD
 505 AVENUE A. N.W., STE. 200
 WINTER HAVEN FL 33884
 US

Mailing Address
 P. O. BOX 391
 WINTER HAVEN FL 33882
 US

3. Date Incorporated or Qualified
10/13/1987

4. FEI Number
01-0433336

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 28 City & State
 29 Zip 30 Country

9. Name and Address of Current Registered Agent

LAWRENCE GOUGH
3389 CYPRESS GARDENS ROAD
WINTER HAVEN FL 33884

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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | FITZPATRICK, ALBERT | |
| STREET ADDRESS | 3 FRANKLIN ST | |
| CITY-ST-ZIP | HOULTON ME | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FITZPATRICK, FRANCIS J. | |
| STREET ADDRESS | FOXCROFT RD. | |
| CITY-ST-ZIP | HOULTON ME | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GOOD, THOMAS L. | |
| STREET ADDRESS | FLETCHER RD. | |
| CITY-ST-ZIP | MONTECELLO ME | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | GOUGH, LAWRENCE W. | |
| STREET ADDRESS | RFD 4, BOX 64 | |
| CITY-ST-ZIP | HOULTON ME | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GOUGH, MICHAEL | |
| STREET ADDRESS | 43 COLUMBIA ST. | |
| CITY-ST-ZIP | HOULTON ME | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Gough, Lawrence W |
| 4.3 STREET ADDRESS | RR#4, Box 1140 |
| 4.4 CITY-ST-ZIP | Houilton, ME |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Gough, Michael |
| 5.3 STREET ADDRESS | RR#1 Box 41 |
| 5.4 CITY-ST-ZIP | Houilton, ME 04730 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Lawrence W. Gough* Lawrence Gough 3/18/99 207-532-2267
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)