FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # · K70396

Principal Place of Business

GODBEY ENTERPRISES, INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90027 001 ***150.00



10634 POINTOVERLOOK DRIVE 10634 POINT OVERLOOK DRIVE CLERMONT FL 34711 CLERMONT FL 34711						
US US US				DO NOT WI	DO NOT WRITE IN THIS SPACE	
		00			Date Incorporated or Qualife 03/06/1989	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		,	59-2964216	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			33 23042 10	\$8.75 Additional
22	-	27		·	5. Certifcate of Status Desired	Fee Required
City & Stat	te .	City & State		٠	6. Election Campaign Financing Trust Fund Contribution	g \$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the cu	
24	25	29	30		Personal Property Tax.	ŬYes □No
	9. Name and Address of Current	Registered Agent		41	10. Name and Address of New	Registered Agent
GODBEY, JAMES LARRY			8	1 Name	•	
C 10634 POINT OVERLOOK DRIVE			8	2 Street	t Address (P.O. Box Number is Not Accept	ptable)
CLE	RMONT FL 34711		8	3		
			8	4 City	No. 1	FI 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						
40	Signature, typed or printed name of registered agent a			ent signatura	required when reinstating) :: 3 > 3	DATE
TITLE	, OFFICERS AND		13.			OFFICERS AND DIRECTORS IN 12
	I T	☐ DELETE	1.1 TITLE		\$39972.50 II	☐ Change ☐ Addition
NAME	GODBEY, JAMES LARRY		1.2 NAME			Change Addition
NAME STREET ADDRESS	GODBEY, JAMES LARRY 10634 POINT OVERLOOK DRIVE		1.2 NAME 1.3 STRE	ET ADORESS		[_] Change _] Addition
NAME STREET ADDRESS CITY-ST-ZIP	GODBEY, JAMES LARRY 10634 POINT OVERLOOK DRIVE CLERMONT FL 34711		1.2 NAME 1.3 STRE 1.4 CITY-	ET ADORESS ST-ZIP		
NAME STREET ADDRESS	GODBEY, JAMES LARRY 10634 POINT OVERLOOK DRIVE CLERMONT FL 34711 D		1.2 NAME 1.3 STRE	ET ADORESS ST-ZIP		☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filling 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 or an attachment with an address, with all other like empowered.

SIGNATURE