

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # L00254

(7)

95 MAY -1 AM 2:50

1. Corporation Name

2031 CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% IRVING GOODLESS
2031 - 13TH STREET
SARASOTA FL 34237

% IRVING GOODLESS
2031 - 13TH STREET
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/05/1989

3a. Date of Last Report

06/01/1994

4. FEI Number

65-0140157

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. 198.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1177 CATTLEMEN RD

25 1177 CATTLEMEN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip

Country

Zip

Country

24 34232

25 SARASOTA

29 34232

30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODLESS, IRVING
2031 - 13TH STREET
SARASOTA FL 34237

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, 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 vacating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GOODLESS, KIRK
STREET ADDRESS 2031 13TH ST.
CITY - ST - ZIP SARASOTA FL

TITLE D
NAME GOODLESS, ANNETTE M.
STREET ADDRESS 2031 13TH ST.
CITY - ST - ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1177 CATTLEMEN RD
1.4 CITY - ST - ZIP SARASOTA, FL 34232

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1177 CATTLEMEN RD
2.4 CITY - ST - ZIP SARASOTA, FL 34232

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 119.07(3)(k), 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:

Annette M. Goodless, Sec. - Annette M. Goodless 4-28-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

813-377-7500