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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # L06137 (8)

1. Corporation Name
TERRY MCGOFF, INC.

Principal Place of Business	Mailing Address
2745 US HWY 92E LAKELAND FL 33801 US	C/O TERRY MCGOFF P. O. BOX 1681 AUBURNDALE FL 33823 US

3. Date Incorporated or Qualified: 07/31/1989
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business (21): 3623 WATERFIELD RD.
Suite, Apt. #, etc. (22):
City & State (23): LAKELAND, FL.
Zip (24): 33803
Country (25): POLK

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

4. FEI Number: 59-2961510 ☐ 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

MCGOFF, TERRY
108 HALLAM DR
AUBURNDALE FL 33823

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's signature is required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCGOFF, TERRY 108 HALLAM DR AUBURNDALE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D TERRY MCGOFF	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HITES, MICHAEL H 2016 ELIZABETH CT SANFORD FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P HITES, MICHAEL H	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIMMONS, NICOLE A 101 ROSE ST AUBURNDALE FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/T FLAKES, CAROLE L 13151 PHOENIX WOODS LANE ORLANDO, FL. 32824	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOINER, VIRGIL L 1745 HARIZON WAY BARTOW FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V JOINER, VIRGIL L.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARTIN, RUSSELL W 1114 KENWORTH DR APOPKA FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	V BOTTONE, EDWARD L 980 DUDLEY AVE. BARTOW, FL. 33830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SKINNER, JOHN E 1459 HOLLY RD LAKELAND FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	V MARKHAM, BRUCE H. 514 ASHLEY RD. POLK CITY, FL. 33868	☐ Change ☒ Addition

CR2E034 (12/95)

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: T. P. McGoff — T. P. McGOFF — 4-26-96 — 941-667-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #