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May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

3623 WATERFIELD RD
LAKELAND FL 33803
US

Mailing Address

C/O TERRY MCGOFF
P. O. BOX 1681
AUBURDALE FL 33823
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1989

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGOFF, TERRY
108 HALLAM DR
AUBURDALE FL 33823

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME SMITH, VIRGIL L
STREET ADDRESS 1569 ROSS DRIVE
CITY-ST-ZIP DELTONA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME THOMPSON, DAVID E
STREET ADDRESS 138 CARTER BLVD
CITY-ST-ZIP POLK CITY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME MCGOFF, PAMELA M
STREET ADDRESS 108 HALLAM DR
CITY-ST-ZIP AUBURDALE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME FLYNN, WILLIAM R
STREET ADDRESS 2637 CATFIST STREET
CITY-ST-ZIP LAKE WALES FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME HESTER, JAMES P
STREET ADDRESS 1444 GARY RD
CITY-ST-ZIP LAKELAND FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME EICH, CHARLES W
STREET ADDRESS 7626 MAJESTIC PINE CT
CITY-ST-ZIP ORLANDO FL

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

T. M. Smith *Terry McGoff*

4-25-98 04/16/98

CR2E034 (1097)