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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90300 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L06137

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
AUBURNDALE 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 the current year Intangible
Personal Property Tax.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

DELETE

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

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

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

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

Change Addition

1.1 TITLE P
1.2 NAME MICHAEL H. HITES
1.3 STREET ADDRESS 14325 LAURELTON DR.
1.4 CITY-ST-ZIP ORLANDO, FL. 32837

2.1 TITLE S-T
2.2 NAME CAROLE L. FLAKES
2.3 STREET ADDRESS 13151 PHOENIX WOODS LN.
2.4 CITY-ST-ZIP ORLANDO, FL. 32824

3.1 TITLE V
3.2 NAME RUSSELL W. MARTIN
3.3 STREET ADDRESS 1114 KENWORTH DR.
3.4 CITY-ST-ZIP APOPKA, FL. 32712

4.1 TITLE V
4.2 NAME VIRGIL L. JOINER
4.3 STREET ADDRESS 1745 HORIZON WAY
4.4 CITY-ST-ZIP BARTOW, FL. 33830

5.1 TITLE V
5.2 NAME EDWARD L. BOTTOPE
5.3 STREET ADDRESS 3230 HWY 60 EAST
5.4 CITY-ST-ZIP LAKE WALES, FL. 33853

6.1 TITLE V
6.2 NAME RICHARD G. SWEENEY
6.3 STREET ADDRESS 5810 RED FOX DR. S.E.
6.4 CITY-ST-ZIP WINTER HAVEN, FL. 33894

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: TERRY MCGOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

941-667-2121

Daytime Phone #

CR2E034 (11/98)