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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M70398 (6)

1. Corporation Name
GOODING'S OF MAITLAND, INC.

Principal Place of Business
483 MONTGOMERY PLACE
ALTAMONTE SPRINGS FL 32714

Mailing Address
2349 APOPKA BLVD
APOPKA FL 32703-7736



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/23/1988

3a. Date of Last Report

09/03/1996

4. FEI Number

59-2877082

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

GOFF, J. LESLIE
2349 APOPKA BLVD
APOPKA FL 32703

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 type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME GOODING, JAMES E.
STREET ADDRESS 400 SWEETWATER CLUB BLV
CITY-ST-ZIP LONGWOOD FL

DELETE

TITLE VD
NAME GOODING, MARY LOU
STREET ADDRESS 400 SWEETWATER CLUB BLV
CITY-ST-ZIP LONGWOOD FL

DELETE

TITLE CEO
NAME GOODING, JONATHAN
STREET ADDRESS 3036 ALATKA CT
CITY-ST-ZIP LONGWOOD FL

DELETE

TITLE VSD
NAME GOFF, J. LESLIE
STREET ADDRESS 1770 CARLTON ST.
CITY-ST-ZIP LONGWOOD FL

DELETE

TITLE AS
NAME LOY, JULIE GOODING
STREET ADDRESS 3083 TIMPANA POINT
CITY-ST-ZIP LONGWOOD FL

DELETE

TITLE P
NAME CIANCARULO, MICHAEL
STREET ADDRESS 483 MONTGOMERY PLACE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)