

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90014 049 ***150.00

DOCUMENT # M70398

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

Principal Place of Business
2349 APOPKA BLVD
APOPKA FL 32703
US

Mailing Address
2349 APOPKA BLVD
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1988

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREWER, FRANCIS J
2349 APOPKA BLVD
APOPKA FL 32703

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

1.1 TITLE P/COO/T ☐ Change ☒ Addition
1.2 NAME RUSSELL DOERK
1.3 STREET ADDRESS 2349 APOPKA BOULEVARD
1.4 CITY-ST-ZIP APOPKA, FLORIDA 32703

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

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

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

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

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

4.1 TITLE VP OF FIN./CFO/S ☐ Change ☒ Addition
4.2 NAME FRANCIS J. BREWER
4.3 STREET ADDRESS 2349 APOPKA BOULEVARD
4.4 CITY-ST-ZIP APOPKA, FLORIDA 32703

TITLE AS ☐ DELETE
NAME LOY, JULIE GOODING
STREET ADDRESS 3093 TIMPANA POINT
CITY-ST-ZIP LONGWOOD FL

5.1 TITLE V ☒ Change ☐ Addition
5.2 NAME LOY, JULIE GOODING
5.3 STREET ADDRESS 3093 TIMPANA POINT
5.4 CITY-ST-ZIP LONGWOOD, FLORIDA

TITLE P ☒ DELETE
NAME CIANCARULO, MICHAEL
STREET ADDRESS 2349 APOPKA BLVD
CITY-ST-ZIP APOPKA 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, with all other like empowered.

SIGNATURE:

Francis J. Brewer
Vice President of Finance, Chief Financial Officer and Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0068170