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Feb 14 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 # **P08417** (8)
1. Corporation Name
GOODMAN SEGAR HOGAN OF ORLANDO, INC.



Principal Place of Business
**WORLD TRADE CENTER, SUITE 800
NORFOLK VA 23510**

Mailing Address
**P.O. BOX 26532
RICHMOND VA 23261-6532
US**

3. Date Incorporated or Qualified **12/16/1985** 3a. Date of Last Report **03/29/1996**

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 54-1345841 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	HERRICK, DONALD T.	
STREET ADDRESS	901 E. BYRD STREET	
CITY-ST-ZIP	RICHMOND VA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIKUTA, MARK P	
STREET ADDRESS	900 WORLD TRADE CENTER	
CITY-ST-ZIP	BORFOLK VA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ADIE, JULIE	
STREET ADDRESS	900 WORLD TRADE CENTER	
CITY-ST-ZIP	NORFOLK VA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	COTE, JOHN	
STREET ADDRESS	900 WORLD TRADE CENTER	
CITY-ST-ZIP	NORFOLK VA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MIKUTA, MARK P.	
STREET ADDRESS	901 E. BYRD STREET	
CITY-ST-ZIP	RICHMOND VA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUCKLE, STEWART H.	
STREET ADDRESS	1396 EMORY PLACE	
CITY-ST-ZIP	NORFOLK VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97
Date

Daytime Phone # _____

CR2E034 (9/96)