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Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000002175 (6)**

1. Corporation Name

GOINS DESIGN AND CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

**2035 LIVE OAK BLVD
ST. CLOUD FL 34771
US**

**2035 LIVE OAK BLVD
ST. CLOUD FL 34771
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2405 Mockingbird Avenue		26 PO Box 700192		01/01/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3161972	
City & State		City & State		Applied For	
23 ST. CLOUD, FL		28 ST. CLOUD, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34771		29 34770-0192		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 USA		30 USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOINS, MICHAEL
2036 LIVE OAK BLVD
ST. CLOUD FL 34771**

81 Name	GOINS, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable)	2405 Mockingbird Avenue
83	
84 City	ST. CLOUD
85 Zip Code	FL 34771

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

MICHAEL S. GOINS, President

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

(NOTE: Registered Agent signature required when reinstating)

3/2/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PVTS
NAME	GOINS, MICHAEL	1.2 NAME	GOINS, MICHAEL
STREET ADDRESS	2036 LIVE OAK BLVD	1.3 STREET ADDRESS	2405 Mockingbird Avenue
CITY-ST-ZIP	ST CLOUD FL	1.4 CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	VTS	2.1 TITLE	
NAME	GOINS, BRENDA	2.2 NAME	
STREET ADDRESS	2036 LIVE OAK BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

MICHAEL S. GOINS, President 3/2/98 407 897-5458

CR2E034 (10/97)