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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

(96/6)

CR2E034

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000039469 (0)

HURD & GOFF, INC.

Principal Place of Business

910 GARDENGATE CIR.

PENSACOLA FL 32504

3a. Date of Last Report 3. Date Incorporated or Qualified 04/19/1996 05/27/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3190802 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HURD, FREDERICK A JR 910 GARDENGATE CIR. Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 83 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Sign over type doe printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change THE PD 1.1 TITLE Addition HURD, FREDERICK A JR 1.2 NAME NAM: 910 GARDENGATE CIR. STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 1.4 CITY - ST - ZIF CITY - S1 - ZiP DELETE Change Addition 101.62.1 TITLE GOFF, MARK T NAME 2.2 NAME 910 GARDENGATE CIR. 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL CHIV S1-ZP 2. 4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE THE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP City St 72 DELETE Addition 4.1 TITLE TiffLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-\$1-20F DELETE Addition ☐ Change 5.1 TITLE THLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADORESS CITY-ST ZIE 5.4 CITY-ST-ZIP DELETE Change ☐ Addition 61 TITLE TOTALE 62 NAME NAME 63 STREET ADDRESS STREET ADORESS 64 CITY-ST-ZIP CITY-SE 7P 14. I do hereby certily 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.