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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000047675 (2)**

1. Corporation Name

BLOODWORTH & GOODSON, INC.

Principal Place of Business	Mailing Address
RT. 13. BOX 1168 LAKE CITY FL 32055	RT. 13. BOX 1168 LAKE CITY FL 32055

3. Date Incorporated or Qualified: 07/07/1993	3a. Date of Last Report: 01/20/1995
4. FEI Number: 59-3194038	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 State, Apt. #, etc.: Rt 17 Box 2242	27 State, Apt. #, etc.: Rt. 17 Box 2242
23 City & State: Lake City Fl.	28 City & State: Lake City Fl.
24 Zip: 32055 25 Country: Columbia	29 Zip: 32055 30 Country: Columbia

9. Name and Address of Current Registered Agent

BLOODWORTH, MINA
HC 3 BOX 52
OLD TOWN FL 32680

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: Mina Bloodworth Sec/Treas. Mina Bloodworth Sec/T. DATE: 2-6-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	D GOODSON, BRUCE RT. 5, BOX 465A LAKE CITY FL 32055	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	D GOODSON, BERNARD P.O. BOX 718 N/A LAKE CITY FL 32056	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	D BLOODWORTH, JEFF HC 3 BOX 52, PO BOX 1030 NA OLD TOWN FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	D BLOODWORTH, MINA HC 3 BOX 52, PO BOX 1030 NA OLD TOWN FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP		☐ DELETE	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 is voluntarily furnished and 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: Mina Bloodworth Sec/Treas. Mina Bloodworth Sec/T. 2/6/96 904 755-5114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)