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FILED

Feb 18 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 # P93000047675 (2)

1. Corporation Name

BLOODWORTH & GOODSON, INC.



Principal Place of Business

RT 17 BOX 2242
LAKE CITY FL 32055
US

Mailing Address

RT 17 BOX 2242
LAKE CITY FL 32055-9817
US

3. Date Incorporated or Qualified

07/07/1993

3a. Date of Last Report

02/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOODWORTH, MINA
HC 3 BOX 52
OLD TOWN FL 32680

81 Name

Bruce B. Goodson

82 Street Address (P.O. Box Number is Not Acceptable)

RT. 21, Box 555

83

84 City

Lake City

FL

85 Zip Code

32054

11. Pursuant to the provisions of Section 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

2-13-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GOODSON, BRUCE
STREET ADDRESS RT. 5, BOX 465A
CITY - ST - ZIP LAKE CITY FL 32055

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Bruce B. Goodson
1.3 STREET ADDRESS Rt. 21, Box 555
1.4 CITY - ST - ZIP Lake City, Florida 32024

TITLE D ☐ DELETE
NAME GOODSON, BERNARD
STREET ADDRESS P.O. BOX 718 N/A
CITY - ST - ZIP LAKE CITY FL 32056

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME Bernard E. Goodson
2.3 STREET ADDRESS P. O. Box 718 (Hackney Lane)
2.4 CITY - ST - ZIP Lake City, Florida 32056

TITLE D ☒ DELETE
NAME BLOODWORTH, JEFF
STREET ADDRESS HC 3 BOX 52, PO BOX 1030 NA
CITY - ST - ZIP OLD TOWN FL

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

TITLE D ☒ DELETE
NAME BLOODWORTH, MINA
STREET ADDRESS HC 3 BOX 52, PO BOX 1030 NA
CITY - ST - ZIP OLD TOWN FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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: Bruce B. Goodson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/97

Daytime Phone #

904-755-5114

CR2E034 (9/96)