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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000019835

1. Corporation Name

EARL GODDARD, INC.

Principal Place	of Business	Mailing A	ddress	·		I indicate in control and control and control			11501 2111 1301
7350 US HWY 9	0	POB 616							
LIVE OAK FL 32060		WELLBORN	1 FL 32094			DO NOT W	RITE IN THIS	SPACE	
US						3. Date Incorporated or Qualif		-	-10
						03/09/1994			
2 Principal Pi	ace of Business	2a. Mailin	g Address	-		4. FEI Number		Apı	olied For
2. Principal Place of Business		⊢ ¬	26 Suite, Apt. #, etc.			59-3230707		Not	Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 Additions		
22	•	27				5. Certificate of Status Desired		Fee Re	quired
City & State	3	City &	State			6. Election Campaign Financi	ng □	\$5.00	
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip		Count	try	8. This corporation owes the o	urrent year In	tangible	□No
24	25	29		30		Personal Property Tax. 10. Name and Address of Ne	De sietesed		
	9. Name and Address	of Current Registered	Agent		81 Name	10. Name and Address of Ne	w Registered	Agent	
COD	DADD EADI	* ~	•	1					
, , , , , , , , , , , , , , , , , , , ,	DARD, EARL			[8	B2 Street A	ddress (P.O. Box Number is Not Acco	eptable)		
	US 90 LES FROM US 129 @ (CD 417		-	83		140	11 12 1	- <u> </u>
		DR 411	1						4
LIVE OAK FL 32060				1	B4 City	, .,	EI	85 Zip 0	Code
				I			1 6	<u>- </u>	
11. Pursuant office or ragent. I a	to the provisions of Section egistered agent, or both, in m familia with, and accept	ns 607.0502 and 607.150 the State of Florida. Suc the oldigations of, Section	8, Florida Statu ch change was on 607.0505, Fl	ites, the abo authorized l orida Statut	ove-named or by the corpor tes.	orporation submits this statement for ration's board of directors. I hereby ac	the purpose of cept the appo	f changing its intment as re	registered gistered
11. Pursuant office or ragent. I a	egistered agent, or both, in familia mith, and accept signature, typed or printed name of	t the obligations of, Section	on 607.0505, Fl	orida Statut	tes.	quired when reinstating}	DATE		
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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, error appears in additional statutes.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

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TITLE

☐ DELETE

☐ Change

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90015 014 ***150.00

Addition