05-05-1999 90115 022 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

4400 PAYOU BLVD

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

## **DIVISION OF CORPORATIONS**

## DOCUMENT # P9400038119 1. Corporation Name

Principal Place of Business AARD DAVIOUS BLUD

GOODEN & PAEDAE INVESTMENTS, INC.

SELECTION OF THE COLUMN		SUITE 40			DO NOT WRITE IN THIS	SPACE	:		
PENSACOLA FL	. 32503	PENSACOLA FL 32500 US			3. Date Incorporated or Qualified				
U\$		03			05/20/1994				
2 D=====   D	loss of Pusiness	2a. Mailing Address			4. FEI Number	$ \top$	Ann	lied For	
					59-3259653	-	+	Applicable	
21 Suite Ant	# ata	Suite, Apt. #, etc.				€8		<u> </u>	
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country Zip C		Country		8. This corporation owes the current year Intangible				
24	25 29 30			Personal Property Tax.					
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	Agent			
	251		81	Name					
GOO SUITI	DEN, DARRELL E 40			Street A	ddress (P.O. Box Number is Not Acceptable)				
	SACOLA FL 32503								
İ			84	City		85	Zip Co	ode	
					FL	بلبل			
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	iorized by	the corpor	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoin	changin ntment a	as regi	stered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title of applicable. (NOTE: Re	gistered Ager	nt signature rec	quired when reinstating) DATE			\	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12	
TITLE	Р	☐ DELETE	1.1 TITLE			Cha	inge	☐ Addition	
NAME	GOODEN, DARRELL		1.2 NAME					ļ	
STREET ADDRESS			1.3 STREE	ADDRESS		•	•	[	
CITY-ST-ZIP			1.4 CITY-S						
TITLE			2.1 TITLE			Cha	inge	☐ Addition	
NAME	PAEDAE, DON C		2.2 NAME						
· -				STREET ADDRESS					
STREET ADDRESS			1	- 1				1	
CITY-ST-ZIP			2.4 CITY-5 3.1 TITLE	71-ZIP		Cha	ange	Addition	
TITLE		E DELETO	3.2 NAME			_	-	_	
NAME								]	
STREET ADDRESS	}		3.3 STREE	i				ĺ	
CITY-ST-ZIP		□ nei ere	3.4. CITY-S	11-ZIP	****	Cha	ange	Addition	
TITLE		☐ DELETE	4.1 TITLE				rigo		
NAME	Į		4. 2 NAME					ł	
STREET ADDRESS			4.3 STREE	(ADDRESS				1	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u></u>				
TITLE		☐ DELETE	51 TITLE	ĺ		☐ Cha	ınge	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE	Ī		Cha	inge	Addition	
NAME			6.2 NAME						
	I							f	

14. I hereby certify that the information supplied with this fling 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP