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Apr 08 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 # P94000067671 (5)

1. Corporation Name
DENNIS GOFF & SONS, INC.



Principal Place of Business
24239 YACHT CLUB BLVD
PUNTA GORDA FL 33955

Mailing Address
24239 YACHT CLUB BLVD
PUNTA GORDA FL 33955-1733

3. Date Incorporated or Qualified 09/12/1994	3a. Date of Last Report 03/14/1996
4. FEI Number 65-0517703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	29 Country
30	

9. Name and Address of Current Registered Agent

OAKS, DAVID K
252 W MARION AVE
PUNTA GORDA FL 33950

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GOFF, DENNIS	1.2 NAME	
STREET ADDRESS	24239 YACHT CLUB BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL 33955	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	
NAME	GOFF, JASON S	2.2 NAME	
STREET ADDRESS	24239 YACHT CLUB BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL 33955	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	GOFF, DENNIS C	3.2 NAME	S
STREET ADDRESS	1580 HERITAGE CIR APT 1	3.3 STREET ADDRESS	GOFF, DENNIS C
CITY - ST - ZIP	PUNTA GORDA FL 33950	3.4 CITY - ST - ZIP	1432 WOODLAWN AVE.
TITLE		4.1 TITLE	PUNTA GORDA, FL 33950
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Dennis Goff 4-1-97 9116396819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)