


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

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90285 007 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999 2000				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P94000071120							
1. Corporation Name GOFF CONSTRUCTION, INC.							
Principal Place of Business 1601 WEST MARION AVENUE SUITE 106 PUNTA GORDA FL 33950			Mailing Address 1601 WEST MARION AVENUE SUITE 106 PUNTA GORDA FL 33950				
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/26/1994			
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0524751 Applied For Not Applicable			
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent GOFF, WAYNE B 1601 WEST MARION AVENUE SUITE 106 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS 1.1 TITLE D <input type="checkbox"/> DELETE 1.2 NAME GOFF, WAYNE B 1.3 STREET ADDRESS 1601 WEST MARION AVENUE, SUITE 106 1.4 CITY-ST-ZIP PUNTA GORDA FL 33950 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

4/27/99 941-637-8226
4/28/2000



GOFF CONSTRUCTION, INC.

#P94000071120
A0053654

April 28, 2000

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

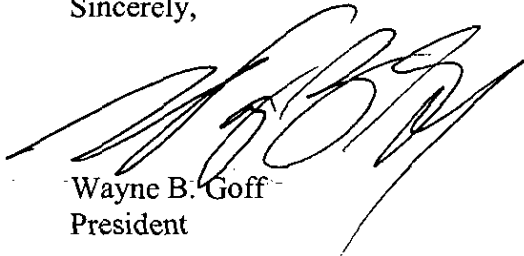
In checking my records, I find that I do not have a document P94000071120 for filing my corporate annual report.

Since the deadline is coming up, I am herein submitting my fee and a copy of last year's filing with a date correction.

As of this date, I have gone online and ordered this form. In the meantime, I trust that my actions will suffice.

Thank you for your consideration in this matter.

Sincerely,



Wayne B. Goff
President