Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75 Additic Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Rest Required         GODWIN, JAMES T       1667 SEA OATS DR, ATLANTIC BEACH FL 32233       Nort A         City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.       Street Address (P.O. Box Number is Not Acceptable)         SIGNATURE	lied For Applicab onal
Mailing Address P.O. BOX 330907 ATLANTIC BEACH FL 32233 B P.O. BOX 330907 ATLANTIC BEACH FL 32233 C Principal Place of Business P.O. BOX 330907 ATLANTIC BEACH FL 32233 C Principal Place of Business P.O. BOX 330907 ATLANTIC BEACH FL 32233 C Suite. Apl. #. etc. Suite. Apl. #. etc. Suite. Apl. #. etc. Suite. Apl. #. etc. City & State City & St	Applicab onal
G67 SEA OATS DR TLANTIC BEACH FL 32233       P.O. BOX 330907 ATLANTIC BEACH FL 32233         Principal Place of Business       3. Mailing Address         Suite. Apt. #, etc.       Suite, Apt. #, etc.         Suite. Apt. #, etc.       Suite, Apt. #, etc.         City & State       4. FEI Number         Country       Zip         Country       Zip         Country       Zip         Country       S. Certificate of Status Desired         Street Address of Current Registered Agent       7. Name and Address of New Registered Agent         GODWIN, JAMES T 1667 SEA OATS DR ATLANTIC BEACH FL 32233       Name         GODWIN, JAMES T 1667 SEA OATS DR ATLANTIC BEACH FL 32233       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         Attention body agent       City Class Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         Attention body agent       (NOTE Registered Agent on the obligations of registered agent. Or both, in the State of Florida. T am familiar with, an familiar with,	Applicab onal
TLANTIC BEACH FL 32233       ATLANTIC BEACH FL 32233         Principal Place of Business       3. Meiling Address         Suile, Apt. #, etc.       Suile, Apt. #, etc.         Suile, Apt. #, etc.       Suile, Apt. #, etc.         City & State       Cly & State         Zip       Country         Zip       Country         Solide, Apt. #, etc.       State         City & State       4. FEI Number         Solide, Apt. #, etc.       State         City & State       4. FEI Number         Solide, Apt. #, etc.       Country         Zip       Country         Country       Zip         Country       S. Certificate of Status Desired         Bodder State       Street Address of New Registered Agent         Name       Street Address of New Registered Agent         GODWIN, JAMES T       Street Address (P.O. Box Number is Not Acceptable)         City       FL         City       FL         Zip Code       Street Address (P.O. Box Number is Not Acceptable)         City       FL         City       FL         Zip Code       Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acc	Applicab onal
Principal Place of Business       3. Meiling Address         Suile, Apt. #, etc.       Suile, Apt. #, etc.         City & State       City & State         Zip       Country         Zip       Country         Country       Zip         Country       Zip         Country       Zip         Country       Sc Certificate of Status Desired         GODWIN, JAMES T       Sc Respected Agent         Interview       Name         GODWIN, JAMES T       Street Address (P.O. Box Number is Not Acceptable)         City       FL         Zip       City         City       FL         Zip       Country         City       FL         Zip       City         City       FL         Zip Code       Street Address (P.O. Box Number is Not Acceptable)         City       FL         Zip Code       City         City       FL         Zip Code       Street Address (P.O. Box Number is Not Acceptable)         City       FL         City       Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)	Applicab onal
City & State       City & State       4. FEI Number       59-3289483       Appli         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75         Zip       Country       S. Certificate of Status Desired       \$8.75       Additional Status Desired       \$8.75         GODWIN, JAMES T       1667       SEA OATS DR, ATLANTIC BEACH FL 32233       Name       Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent.       City       FL       Zip Code         GNATURE       Symbolic Registered agent.       (MOTE: Registered Agent Spatiant Registered Agent Sp	Applicab onal
Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75 Additing Free Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         GODWIN, JAMES T       1667 SEA OATS DR, ATLANTIC BEACH FL 32233       Name       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered agent.       City       FL       Zip Code         ShartURE       God Will / FEE IS \$150.00       (NOTE Registered Agent signature required when remstating)       Date         File NOW/III / FEE IS \$150.00       Interview of Florida Department of State       NOTE Registered Agent signature required when remstating)       Date         City       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE       Added to the formation of Change INF.         City       OFFICERS AND DIRECTORS       Interview Signature requires when remstating)       Date         City       OFFICERS AND DIRECTORS       Interview Signature requires when remstating)       Date         City       OFFICERS AND DIRECTORS       Interview Signature requires when remstating)       Date         City       OFFICERS AND DIRECTORS       Interviewed Sin	Applicab onal
	nd accep
GODWIN, JAMES T 1667 SEA OATS DR. ATLANTIC BEACH FL 32233       Name         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Zip Code         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Zip Code         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Zip Code       City         Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)         City       FILE         Site Check Payable to Florida Department of State         E <td< td=""><td></td></td<>	
GODWIN, JAMES T 1667 SEA OATS DR. ATLANTIC BEACH FL 32233       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and the obligations of registered agent.       OATE         SNATURE       Signifure. lycad or granted range of registered agent and life # applicable.       (NOTE: Registered Agent signature required when remstating)       DATE         Signifure. lycad or granted range of registered agent and life # applicable.       (NOTE: Registered Agent signature required when remstating)       DATE         Signifure. lycad or granted range of registered agent and life # applicable.       (NOTE: Registered Agent signature required when remstating)       DATE         Signifure. lycad or granted range of registered agent and life # applicable.       (NOTE: Registered Agent signature required when remstating)       DATE         Signature. lycad or granted range of registered agent and life # applicable.       (NOTE: Registered Agent signature required when remstating)       DATE         Signature. lycad or granted range of registered agent and life # applicable.       (NOTE: Registered Agent signature required when remstating)       DATE         Signature. lycad or granted range of registered agent of State       Intro        Acted Maxe       Acted Maxe         Eff.       O	
1667 SEA OATS DR, ATLANTIC BEACH FL 32233       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         Shature is obligations of registered agent.       I am familiar with, an         Shature is presented agent.       (NOTE: Registered Agent signature resured when renstating)       Date         Signature is presented agent and blie if abbuicable.       (NOTE: Registered Agent signature resured when renstating)       Date         Signature is presented agent and blie if abbuicable.       (NOTE: Registered Agent signature resured when renstating)       Date         Signature is presented agent and blie if abbuicable.       (NOTE: Registered Agent signature resured when renstating)       Date         Signature is presented agent and blie if abbuicable.       (NOTE: Registered Agent signature resured when renstating)       Date         Signature is presented agent and blie if abbuicable.       (NOTE: Registered Agent signature resured when renstating)       Date         Code       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	
City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent.       I am familiar with, an familiar with, an the obligations of registered agent eignature required when remstating)       DATE         Strature       Signature. Yord or greated rame of registered agent and life # applicable.       (NOTE: Registered Agent signature required when remstating)       DATE         FILE NOW !!!       FEE IS \$150.00       After May 1, 2006 Fee Will Be \$550.00       State       P. Election Campaign Financing Trust Fund Contribution.       \$5.00         After May 1, 2006 Fee Will Be \$550.00       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II         Make Check Payable to Florida Department of State       Delete       ITILE       Change       Change         E       CEO       III       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II       Change       Change         e       GODWIN, JAMES T       P.O. BOX 330907 N/A       STREET ADDRESS       CITY-ST-ZIP       Change         e       P.O. BOX 330907 N/A       STREET ADDRESS       STREET ADDRESS       Change       Change	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and the obligations of registered agent.  SNATURE  Signature. Hyded or prelified name of registered agent and tile # applicable.  (NOTE: Registered Agent signature required when remstating)  DATE  FILE NOW!!!!/FEE IS \$150.00  After May 1, 2006 Fee Will Be \$550.00  After May 1,	
the obligations of registered agent.  SNATURE  Signature: typed or printed name of registered agent and tills if adplicable. (NOTE: Registered Agent signature required when remstating)  FILE NOW 111/FEE IS \$150.00  After, May 1, 2006 Fee Will Be \$550.00  After, May 1, 2006 Fee Will Be	
ME     GODWIN, JAMES T     NAME       REET ADDRESS     P.O. BOX 330907 N/A     STREET ADDRESS       Y-ST-ZIP     ATLANTIC BEACH FL 32233     CITY-ST-ZIP       LE     P     Delete     TITLE       ME     GODWIN, JEAN O     NAME       REET ADDRESS     P.O. BOX 330907 N/A     STREET ADDRESS       P.O. BOX 330907 N/A     STREET ADDRESS	
IFEET ADDRESS     P.O. BOX 330907 N/A     STREET ADDRESS       Y-ST-ZIP     ATLANTIC BEACH FL 32233     CITY-ST-ZIP       ILE     P     Delete     TITLE       ME     GODWIN, JEAN O     NAME       IFEET ADDRESS     P.O. BOX 330907 N/A     STREET ADDRESS	🔲 Additic
LE P Delete TITLE Change Chang	
EEY ADDRESS P.O. BOX 330907 N/A STREET ADDRESS	Additio
(-ST-ZIP ATLANTIC BEACH FL 32233 CITY-ST-ZIP	
F RT Delete IIUE Change IUE STANLEY, MELODY G.	<u>Additir</u>
EET ADDRESS 1625 LINKSIDE DR N STREET ADDRESS	
	Additio
RE BLACK, CYNTHIA G NAME GOOT WIN, CYNTHIA G.	
L     Delete     IITLE     Delete     IITLE       AE     BLACK, CYNTHIA G     NAME     Giod WIN, CYNTHIA G.     Delete       301 N. 14TH ST.     STREET ADDRESS     301 N; 14 H. St.     STREET ADDRESS       QUINCY FL 32351     CITY-ST-ZIP     QUINCY, FI     32351	
	Additio
STREET ADDRESS	
CITY-ST-ZIP         CITY-ST-ZIP           E         Detete         TITLE         Change	Additio
NAME	
IEET ADDRESS STREET A	
I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information on this report or supplemental 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 of the corporation or the receiver or invisee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or	
if changed, or on an attachment with an address, with all other like empowered.	or director
IGNATURE ALin Olodwin - Jean O. Godwin 2-1-06 Jour 2000 - 30	or director