

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90219 029 ***150.00

DOCUMENT # P95000010399

1. Corporation Name
G.G.O., INC.

Principal Place of Business
14831 DADE PINE AVENUE
MIAMI LAKES FL 33014

Mailing Address
14831 DADE PINE AVENUE
MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/06/1995

4. FEI Number
65-0558608

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 1671 TIMBER HILLS DR.

2a. Mailing Address
26 1671 TIMBER HILLS DR.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
DE LAND, FLORIDA

28 City & State
DE LAND, FLORIDA

24 Zip 32724 25 Country USA

29 Zip 32724 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODWIN, ROSALIE A
14831 DADE PINE AVENUE
MIAMI LAKES FL 33014

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Rosalie A. Goodwin Rosalie A. Goodwin

DATE 4/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE PT
NAME GOODWIN, ROSALIE A
STREET ADDRESS 14831 DADE PINE AVENUE
CITY-ST-ZIP MIAMI LAKES FL 33014

1.1 TITLE PT
1.2 NAME GOODWIN, ROSALIE A.
1.3 STREET ADDRESS 1671 TIMBER HILLS DR.
1.4 CITY-ST-ZIP DE LAND, FL 32724

TITLE VPS
NAME GOODWIN, GEORGE P
STREET ADDRESS 14831 DADE PINE AVENUE
CITY-ST-ZIP MIAMI LAKES FL 33014

2.1 TITLE VPS
2.2 NAME GOODWIN, GEORGE P.
2.3 STREET ADDRESS 1671 TIMBER HILLS DR.
2.4 CITY-ST-ZIP DE LAND, FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 603, 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.

SIGNATURE: George P. Goodwin SIGNATURE REQUIRED

4-26-99 (904) 738-0136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0130134

CR2E034 (11/98)