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FILED

Feb 18 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 # P95000043272 (0)

1. Corporation Name

GOODING'S WAREHOUSE, INC.



Principal Place of Business

440 ROYAL PALM WAY SUITE 200  
PALM BEACH FL 33480

Mailing Address

440 ROYAL PALM WAY SUITE 200  
PALM BEACH FL 33480-4179

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

02/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

59-3321988

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CHOPIN, L F  
440 ROYAL PALM WAY SUITE 200  
PALM BEACH FL 33480

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

TITLE PD  
NAME GOODING, JONATHAN T  
STREET ADDRESS 483 MONTGOMERY PLACE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

☒ DELETE

TITLE SD  
NAME LOY, JULIE G  
STREET ADDRESS 483 MONTGOMERY PLACE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chief Executive Officer  
1.2 NAME GOODING, JONATHAN T  
1.3 STREET ADDRESS 2349 APOPKA BOULEVARD  
1.4 CITY-ST-ZIP APOPKA, FLORIDA 32703

☒ Change ☐ Addition

2.1 TITLE President, COO  
2.2 NAME DOERK, RUSSELL J.  
2.3 STREET ADDRESS 2349 APOPKA BOULEVARD  
2.4 CITY-ST-ZIP APOPKA, FLORIDA 32703

☐ Change ☒ Addition

3.1 TITLE SECRETARY  
3.2 NAME LOY, JULIE G  
3.3 STREET ADDRESS 2349 APOPKA BOULEVARD  
3.4 CITY-ST-ZIP APOPKA, FLORIDA 32703

☒ Change ☐ Addition

4.1 TITLE TREASURER  
4.2 NAME LOY, JULIE G  
4.3 STREET ADDRESS 2349 APOPKA BOULEVARD  
4.4 CITY-ST-ZIP APOPKA, FLORIDA 32703

☐ Change ☒ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 a 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 and is accompanied by an attachment with an address.

SIGNATURE:

JONATHAN GOODING, CEO

2/13/97

(407) 889-9000

Date Daytime Phone #

CR2E034 (9/96)