

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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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

30

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Francis J. Brewer

82 Street Address (P.O. Box Number is Not Acceptable)

2349 Apopka Blvd.

83

84 City

Apopka

FL

85 Zip Code  
32703

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

Francis J. Brewer - CFO

*Francis J. Brewer*

3/2/98

Signature typed or printed name of registered agent and office it applies to

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOODING, JONATHAN T	
STREET ADDRESS	2349 APOPKA BLVD.	
CITY-ST-ZIP	APOPKA FL	

TITLE	PC	<input type="checkbox"/> DELETE
NAME	DOERK, RUSSELL J.	
STREET ADDRESS	2349 APOPKA BLVD.	
CITY-ST-ZIP	APOPKA FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	LOY, JULIE G.	
STREET ADDRESS	2349 APOPKA BLVD.	
CITY-ST-ZIP	APOPKA FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LOY, JULIE G.	
STREET ADDRESS	2349 APOPKA BLVD.	
CITY-ST-ZIP	APOPKA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gooding, Jonathan T.	
1.3 STREET ADDRESS	2349 Apopka Blvd.	
1.4 CITY-ST-ZIP	Apopka, FL 32703	

2.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Doerk, Russell J.	
2.3 STREET ADDRESS	2349 Apopka Blvd.	
2.4 CITY-ST-ZIP	Apopka, FL 32703	

3.1 TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Loy, Julie G.	
3.3 STREET ADDRESS	2349 Apopka Blvd.	
3.4 CITY-ST-ZIP	Apopka, FL 32703	

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	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brewer, Francis J.	
5.3 STREET ADDRESS	2349 Apopka Blvd.	
5.4 CITY-ST-ZIP	Apopka, FL 32703	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FRANCIS J. BREWER

*Francis J. Brewer CFO 3/2/98*

407-880-5203

CP2E034 (1097)