


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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90021 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000092840

1. Corporation Name
GOODWIN COMMERCIAL, INC.

Principal Place of Business 1253 PARK STREET CLEARWATER FL 34616	Mailing Address 1253 PARK STREET CLEARWATER FL 34616
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 931 W. Oak Street Suite, Apt. #, etc. 22 #100 City & State 23 Kissimmee FL Zip 24 34741 Country 25 OSCEOLA		2a. Mailing Address 26 931 W. Oak Street Suite, Apt. #, etc. 27 #100 City & State 28 Kissimmee FL Zip 29 34741 Country 30 OSCEOLA		3. Date Incorporated or Qualified 12/04/1995	
4. FEI Number 59-3351871		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

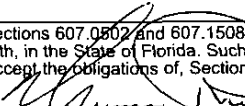
9. Name and Address of Current Registered Agent

**WARD, R C
1253 PARK STREET
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name NORM RIES
82 Street Address (P.O. Box Number is Not Acceptable) 931 W. Oak Street, #100
83
84 City Kissimmee
85 Zip Code FL 34741

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.

BUSINESS MANAGER

2/9/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOODWIN, LINDA	
STREET ADDRESS	2575 ULMERTON ROAD SUITE 210	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MEYER, HAROLD E	
STREET ADDRESS	2575 ULMERTON ROAD SUITE 210	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ESHENBAUGH, WILLIAM	
STREET ADDRESS	2575 ULMERTON ROAD SUITE 210	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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	

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, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/99 407-944-4543

CR2E034 (11/98)