FILED

2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P96000011073 1. Entity Name GARY E. GOOCH CONSTRUCTION INC. 04-11-2002 90784 012 ***150.00 Principal Place of Business Mailing Address 7766 CORNICOPIA LANE 7766 CORNUCOPIA LANE TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3358595 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name =GOOCH;-GARY-E=--Street Address (P.O. Box Number is Not Acceptable) 7766 CORNUCOPIA LANE TALLAHASSEE FL 32308 Zip Code 8. 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. ,B SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME GOOCH, GARY E. NAME STREET ADDRESS 7766 CORNUCOPIA LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL TITLE ☐ Delete TITLE Change Addition NAME NAME GOOCH, GARY E. STREET ADDRESS STREET ADORESS 7766 CORNUCOPIA LANE CITY-ST-ZIP CITY-ST-ZIP tallahassee fl TITLE ☐ Delete TITLE 🔼 Addition MARC B. GOOCH MARC B. GOOCH 7764 CORNUCOPIA LAME NAME NAME 7764 CURNUCOPIALANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F Change. ☐ Addition... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 report or supplemental report is true and accordate 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 1.1 or Block 12 if

ke embowered. SIGNATURE PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with