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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070826 (8)

1. Corporation Name
GOCOM INTL., INC.



Principal Place of Business

3039 MANGO TREE DR
EDGEWATER FL 32141

Mailing Address

3039 MANGO TREE DR
EDGEWATER FL 32141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

59-3399529

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

9. Name and Address of Current Registered Agent

LAU, CHARLES J
4639 GOLDEN APPLES TRAIL
PT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name James N. Nichols

82 Street Address (P.O. Box Number is Not Acceptable)
3039 MANGO TREE

83

84 City EDGEWATER

FL

85 Zip Code 32141

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

James N. Nichols

Signature typed or printed name of registered agent and his/her title.

(NOTE: Registered Agent signature required when reinstating)

4-24-1998

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME NICHOLS, JAMES N
STREET ADDRESS 3039 MANGO TREE DR
CITY - ST - ZIP EDGEWATER FL 32141

☐ DELETE

TITLE ST
NAME LAU, CHARLES J
STREET ADDRESS 4639 GOLDEN APPLE TRAIL
CITY - ST - ZIP PORT ORANGE FL 32119

☒ DELETE

TITLE V
NAME HOWARD, KEVIN
STREET ADDRESS 1995 MINNESOTA AVE
CITY - ST - ZIP DELAND FL 32730

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 James N. Nichols

CR2E034 (10/97)