

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000013449 (8)

1. Corporation Name

D.B. GOODIN, INC.



Principal Place of Business 1541 SE COPLY ST PORT ST LUCIE FL 34983	Mailing Address 1541 SE COPLY ST PORT ST LUCIE FL 34983 NEW 697 S.E. WHITMORE DR. PT. ST. LUCIE, FLA. 34984
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 697 S.E. WHITMORE DRIVE Suite, Apt. #, etc. 22 City & State 23 PORT ST. LUCIE, FL Zip 24 34984	2a. Mailing Address 25 697 S.E. WHITMORE Suite, Apt. #, etc. 27 City & State 28 PORT ST. LUCIE, FL Zip 29 34984	3. Date Incorporated or Qualified 02/07/1997 4. FEI Number 65-0727342 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent BROWN, DAWN M 1541 SE COPLY ST PORT ST LUCIE FL 34983	10. Name and Address of New Registered Agent 81 Name BRUCE D. GOODIN 82 Street Address (P.O. Box Number is Not Acceptable) 697 S.E. WHITMORE DRIVE 83 84 City PORT ST. LUCIE FL 85 Zip Code 34984
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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 *Bruce D. Goodin* 4/19/98
Signature of registered agent or principal officer and the applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODIN, SHARON G	1.2 NAME	
STREET ADDRESS	1541 SE COPLY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	1.4 CITY-ST-ZIP	
TITLE	0 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODIN, BRUCE D	2.2 NAME	
STREET ADDRESS	1541 SE COPLY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	2.4 CITY-ST-ZIP	
TITLE	0 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DAWN M	3.2 NAME	
STREET ADDRESS	1541 SE COPLY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	3.4 CITY-ST-ZIP	
TITLE	0 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT L	4.2 NAME	
STREET ADDRESS	1541 SE COPLY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	4.4 CITY-ST-ZIP	
TITLE	0 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVON, ALICE	5.2 NAME	
STREET ADDRESS	1541 SE COPLY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	5.4 CITY-ST-ZIP	
TITLE	0 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Bruce D. Goodin* 4/19/98 561-879-0501

CR2E034 (10/97)