

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 05 1998 8:00am
 Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000019282 (7)
 1. Corporation Name
 GOLDING & SONS, INC.



Principal Place of Business Mailing Address
 311 MALABAR STREET 311 MALABAR STREET
 LEHIGH ACRES FL 33972 LEHIGH ACRES FL 33972

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 4028 Autumn Woods Way
 22 City & State 27 Tallahassee, FL
 23 Zip Country 28 Tallahassee, FL
 24 25 29 32303 30 USA

3. Date Incorporated or Qualified
 03/03/1997
 4. FEI Number Applied For
 65-0748290 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
 GOLDING, JONATHAN R SR
 311 MALABAR STREET
 LEHIGH ACRES FL 33972

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number Is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDING, JONATHAN R SR	1.2 NAME
STREET ADDRESS	311 MALABAR STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	LEHIGH ACRES FL 33972	1.4 CITY-ST-ZIP
TITLE	VD	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDING, JONATHAN R JR	2.2 NAME
STREET ADDRESS	311 MALABAR STREET	2.3 STREET ADDRESS
CITY-ST-ZIP	LEHIGH ACRES FL 33972	2.4 CITY-ST-ZIP
TITLE	STD	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDING, MARC A	3.2 NAME
STREET ADDRESS	311 MALABAR STREET	3.3 STREET ADDRESS
CITY-ST-ZIP	LEHIGH ACRES FL 33972	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		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

Secretary
 Treasurer
 Lois M. Golding
 311 Malabar St
 Lehigh Acres, FL 33972
 000002656330
 -10/06/98--01011--029
 ***550.00

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: [Signature] 07/24/98 850-562-6297

CR2E034 (5/98)