

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000019282 (7)**
1. Corporation Name

GOLDING & SONS, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 4628 Autumn Woods Way		03/03/1997	
22 City & State		27 Tallahassee, FL		4. FEI Number	
23 Zip		28 32303		65-0748290	
24 Country		30 USA		Applied For	
				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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number Is Not Acceptable)			
83			
84 City		85 Zip Code	
GOLDING, JONATHAN R SR 311 MALABAR STREET LEHIGH ACRES FL 33972		FL	

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	
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	Secretary
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	
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	Treasurer
NAME		4.2 NAME	Lors M. Golding
STREET ADDRESS		4.3 STREET ADDRESS	311 Malabar St
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lehigh Acres, FL 33972
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

[Signature]

07/24/98

850-562-6297