

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

FILED
Apr 30 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 # P97000088788 (9)

1. Corporation Name

STEVEN D. GOINS, CONSULTANT, INC.

Principal Place of Business

4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

Mailing Address

4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1997

4. FEI Number

59-3473022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 9715 W. BROWARD

Suite, Apt. #, etc.

22 # 230

City & State

23 PLANTATION FL

Zip

24 33324

Country

25 USA

2a. Mailing Address

26 9715 W BROWARD

Suite, Apt. #, etc.

27 # 230

City & State

28 PLANTATION FL

Zip

29 33324

Country

30 USA

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N.
4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

82 Nancy Phelps Goins

83 Street Address (P.O. Box Number is Not Acceptable)

84 9842 NW 2nd St

85 City

PLANTATION

FL

86 Zip Code

33324

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

Nancy Phelps Goins

Nancy Phelps Goins

4/22/98

Signature typed or printed name of registered agent and that it is applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
GOINS, STEVEN D
STREET ADDRESS 1735 SEFA CIR. E.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ DELETE

NAME D
GOINS, NANCY P
STREET ADDRESS 1735 SEFA CIR. E.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME DIP
Goins, Steven D.
1.3 STREET ADDRESS 1735 Sefa Circle E.
1.4 CITY-ST-ZIP Jacksonville, FL 32210

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME DIVISIT
Goins, Nancy P.
2.3 STREET ADDRESS 1735 Sefa Circle E.
2.4 CITY-ST-ZIP Jacksonville, FL 32210

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: STEVEN D. GOINS

Steven D. Goins 4/23/98 551/503-7101

CR2E034 (10/97)