02161999-90062-028-\$150.00-\$150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550:30

PROFIT CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90062 028 ***150.00

	1000							_	-									
 Corporation 																		
ROY G.	GODWIN AND BARBARA L.	GODWIN, F	λΑ.														A 1881	
							1											
		B4-It-s Ada										h Mille	ibil Co il	i usin u	BAT ARAT PI		3 1571 1871	;
Principal Place		Mailing Address											•					
3254 FORDHAM GULF BREEZE I		3254 FORDHAM PARKWAY Gref Breeze FL 32561						DO NOT WRITE IN THIS SPACE										
							-	. Dat	te Inco			Qualifec						آ
ı									/18/1	i								
2. Principal Pl	lace of Business	Za. Mailing Address					1		Numl			,				•••	d For] #
21		26					_		54	<u>1- </u>	25	15:	58	<u>D</u>		_	opticable	₹ .
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5	i. Cer	rtifcate	of Sta	tus De	esired	Ó		\$8.75) Add Regul		1' :
22		27					٠,					. a nalna		-				┨┊
City & State	•	City & State					١,	B. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees										
23 Zip	Country	Zip Country					E					_	rrent ye	ear inta	ngibie			} :
24	25	29 30					1	Per	rsonal	Proper	ty Tax	ι			☐ Yes		No	↓ ∶
	9. Name and Address of Curren	Registered Agent					1	0. Na	me an	d Add	1055 (f New	Regis	tered A	gent		 _	-
200					81	Name]
GODWIN, ROY G 3254 FORDHAM PARKWAY					82	Street A	idresa ((P.Q.	Box N	umber	is Nol	Аосер	rtable)] :
	F BREEZE FL 32561				83					(1,1)		15.4	**************************************		94 Sec. (1.1)	1 1	3 18 18	┥.
GUL	P BREEZE PL 32301				0.3				137		1.1			11	14 11411		3 (16 HB)] :
					84	City			,					Fι	85 Zi	p Cod	ie ·	1
44 (0	to the accurations of Sactions 807 050	2 and 607 1508	Florida Statutes	the a	bove	-named o	orporati	on su	bmits 1	his sta	temen	t for th	a purpo	ose of c	hanging i	ils reg	istered	1
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obliga-	of Florida, Such	change was aut	horizac	l by t	the corpor	ation's I	board	of dire	ctors.	i here	by acc	ept the	appoin	iment as	regist	tered	,
	in tamiliar with, and accept the colliga-	ions oi, section	907,0303, FIBIR	ra Ovat	ulpa.													
SIGNATURE	Signature, typed or printed name of registered agen	t and the if epplicable.	(NOTE: R	<u> </u>	Ageni	on erutengie	ulred wher							ATE	- 51050			 @
12.	OFFICERS AN	DORECTORS		13.				ADD	NOITIE	S/CHA	NGES	5 10 0	FFICE	RS ANL	DIRECT Chang	_	Addition	CR2E034 (11/98)
TITLE	D			1.1 TIFLE											_ ~~~	-		`
NAME	GODWIN, ROY G		1.2 NAME 1.3 STREET ADDRESS														ස	
STREET ADDRESS	4187 MADURA ROAD EAST				1.4 CITY-ST-2IP													l 🎖
CITY-ST-ZIP	GULF BREZE FL 32561		2.1 TITLE				-					.,		Chang	8	Addition	ᄀᅙ	
NAME	D Godwin, Barbara L	-		2.2 NAME														
STREET ADDRESS	4187 MADURA ROAD EAST			23 STREET ADDRESS														1
CITY-ST-ZIP	GULF BREZE FL 32561		2.4 CITY-ST			T-21P			1	1								4
TITLE .		☐ DELETÉ		3.1 TILE											☐ Chang	e	☐ Addition	'[
NAME			32 NAME									_						
STREET ADDRESS) (1) (1)					ADDRESS				. :		1 3 Pg.	Ş., ş	1, 3,1, 4		1		
CITY-ST-ZEP	·		□ DELETE	_	ATY-ST	r-ZP			- 3	· · ·	1.1		121				Addition	╗
TITLE	1		LI DELETE	4.1 TI		1			•		٠.	•••	* * 11 *	.,	·			\ '
NAME				•	-	ADDRESS												'
STREET ADDRESS					ITY-ST													} .
CITY-ST-ZIP TITLE			DELETE	5.1 TI											Chang	je .	Addition	٦.,
NAME			•	5.2 N		- 1		۶,		<i>:</i> .:				•	•			1
STREET ADDRESS				5.3 5	HEET	ADDRESS												
CITY-ST-ZIP					TY- ST	-ZIP									<u> </u>		The second	. ≦
TITLE	1, ((1), 1)		DELETE	6.1 T											Chang	e	Addition	' `
NAME	4.0			62 N														
STREET ADDRESS						ADDRESS												
CITY-ST-ZIP	· ·			6.4 C	(TY-81	-2 3 P												J

14. I hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cartify 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 chapted, or onyth attachment with an address, with all other like empowered.

SIGNATURE:

AS AND TYPED ON PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

1/25/99

850-934-8700

公司 (12/2/15) 超過過過過過過