

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90003 021 ***150.00

DOCUMENT # P98000058111

1. Corporation Name

GOODWIN BROTHERS ENTERPRISES, INC.

Principal Place of Business

9220 LARETTE DRIVE
ORLANDO FL 32817

Mailing Address

9220 LARETTE DRIVE
ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3518048

Applied For

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOGLE, SEAN F
682 MAITLAND AVENUE
BOGLE & SCHULMAN, P.A.
ALTAMONTE SPRINGS FL 32701

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 **P** ☐ DELETE

NAME **GOODWIN, BRIAN P**
STREET ADDRESS **9220 LARETTE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32817**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE

NAME **GOODWIN, RICHARD W**
STREET ADDRESS **1405 MILTON STREET**
CITY-ST-ZIP **TITUSVILLE FL 32780**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/99

Date

Daytime Phone #

CR2E034 (5/99)

Bogle & Schulman, P.A.
- Attorneys at Law -

P.O. Box 151358, Altamonte Springs, Florida 32715-1358
706 Turnbull Avenue, Suite 203, Altamonte Springs, Florida 32701
Phone: 407-834-3311 Fax: 407-834-3302

601298-90003-21
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Sean F. Bogle, M.B.A., J.D.

Attorney at Law

Calvin F. Harding, M.B.A., C.P.A., J.D.

Attorney at Law

Beth-Ann Schulman, C.P.A., J.D.

Attorney at Law

Catherine Polgar

Paralegal

July 26, 1999

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

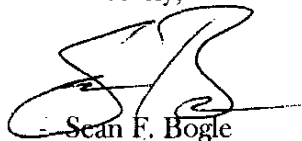
Attention: Debbie

Dear Debbie:

Pursuant to a recent inquiry from our office, I am enclosing a check in the amount of \$150.00 directly from my client to the Florida-Department of State as payment for their corporate update. As we indicated previously, this corporation received no prior notice of delinquent filing and only received a "2nd Notice" with a filing fee of \$550.00. Your office indicated that, as no initial notice was sent or received by my client, there would be no additional filing fee.

Thank you for your time and attention to this matter.

Sincerely,



Sean F. Bogle

SFB/mg