

FILED

Apr 06, 2000 8:00 am
Secretary of State

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[illegible]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000011007

1. Entity Name

GOEDKER REALTY, INC.

Principal Place of Business

Mailing Address

1006 PINE LAKE DRIVE
NICEVILLE FL 32578

1006 PINE LAKE DRIVE
NICEVILLE FL 32578-2715

2. Principal Place of Business

3. Mailing Address

4641 Gulfstarr Drive
Suite #, etc.
Suite 101

Po Box 155
Suite, Apt. #, etc.

City & State

City & State

Destin FL

Destin FL

Zip

Country

32541

OKA1005A

4. FEI Number

Applied For

59-3557598

Not Applicable

5. Certificate of Status Desired

Additional Fee Required

\$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOEDKER, KEVIN
1006 PINE LAKE DRIVE
NICEVILLE FL 32578

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	GOEDKER, KEVIN	1006 PINE LAKE DRIVE	NICEVILLE FL 32578	Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin T. Goedker 3/29/00 850 6547480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #