FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:12

DOCUMENT # **S18340** **(7)**

1. Corporation Name
GOF, INC.

Principal Place of Business	Mailing Address
385 COMMERCE WAY STE. 101 LONGWOOD FL 32750 US	385 COMMERCE WAY STE. 101 LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1990	3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-3041136	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LAVIGNE, JAMES R., ESQ.
5401 S. KIRKMAN ROAD
SUITE 750
ORLANDO FL 32819

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	KOOS, WILLIAM M, JR.	12 NAME	
STREET ADDRESS	385 COMMERCE WAY #101	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KOOS, LARRY W.	22 NAME	
STREET ADDRESS	385 COMMERCE WAY #101	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RAWLINS, GREGORY S.	32 NAME	
STREET ADDRESS	385 COMMERCE WAY #101	33 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	~~HALPERN, PETER~~	42 NAME	
STREET ADDRESS	~~385 COMMERCE WAY #101~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~LONGWOOD FL~~	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	FLUET, FRANK	52 NAME	
STREET ADDRESS	385 COMMERCE WAY #101	53 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	54 CITY-ST-ZIP	
TITLE	STD	61 TITLE	☐ Change ☐ Addition
NAME	POYTHRESS, JACKIE	62 NAME	
STREET ADDRESS	385 COMMERCE WAY #101	63 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jackie Poythress Jackie Poythress Secretary/Treasurer/Director 1-17-95 (407) 260-5727
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED ABOVE — TITLE — DATE — TELEPHONE NUMBER

0041260 CP