

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S38774** (3)

1. Corporation Name

THE GOUDY / SCHLEICHER COMPANY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:29

Principal Place of Business Mailing Address
2652 FLOWING WELL ROAD **2652 FLOWING WELL ROAD**
DELAND FL 32720 **DELAND FL 32720**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1991** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-3055313** Applied For ☐
Not Applicable ☐

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STORCH & HANSEN, P.A.
SUITE 300
1620 SOUTH CLYDE MORRIS BLV.
DAYTONA BEACH FL 32119

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

(Signature of person or persons of registered agent, and title if applicable)

(NOTE: Registered Agent Signature required after recording)

(Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
CITY ST ZIP			1.4 CITY ST ZIP		
TITLE	NAME	STREET ADDRESS	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
CITY ST ZIP			2.4 CITY ST ZIP		
TITLE	NAME	STREET ADDRESS	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
CITY ST ZIP			3.4 CITY ST ZIP		
TITLE	NAME	STREET ADDRESS	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
CITY ST ZIP			4.4 CITY ST ZIP		
TITLE	NAME	STREET ADDRESS	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
CITY ST ZIP			5.4 CITY ST ZIP		
TITLE	NAME	STREET ADDRESS	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS
CITY ST ZIP			6.4 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(1)(b), 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:

Santa M. Morthern Santa M. Goudy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/95

Date

904-734-7962
(Telephone Number)