SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

GOFF CARPET SERVICE, INC.

APPROVEU AND FILED

97 JUL 29 PM 1:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	of Business	Mailing Address				al finit olalı olak diəli oldir biğit isal
4115 NORTH FORBES ROAD PLANT CITY FL 33565		4115 NORTH FORBES ROAD PLANT CITY FL 33565		DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified	3a, Date of Last Report
					05/01/1992	05/01/1996
2. Principal Pla	nce of Business	2a, Mailing Address			4. FET Number	Applied for
21		26			59-3188319	Not Applicable
Suile, Apt #, etc.		Suite, Apt. #, otc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stato		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			Cour	try	8. This corporation owes or has pa	e ' e '
24	25	29	30		Personal Properly Tax due June	
	9. Name and Address of Current	Registered Agent		Name	10. Name and Address of New Re	gistered Agent
GOFF, EVELYN				Name:		
	5 NORTH FORBES ROAD INT CITY FL 33585				Iress (P.O. Box Number is Not Acceptable)	
			}	33		
			ŀ	B4 City		85 Zip Code
44 5	46) and CO2 4500. Florida Chat			constitute a should this statement for the p	FL 100 1
office of re agent. I an	o the provisions or Sections 607,0502 gistered agent, or both, in the State in <mark>famili</mark> ar with, and accept the obliga	of Florida. Such change wa tions of, Section 607.0505,	oles, the ab s authorized Florida Statu	by the corpora los.	poration submits this statement for the pation's hoard of directors. I hereby accept	of the appointment as registered
SIGNATURE .		4.				
12.	Signature, typed or printed name of registered ages OFFICERS AND		OII Registered	Agent signature requ	ared when reinsesting) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIRECTORS IN 12
TITLE	D OFFICERS AND	DELETE	1.1 10		ADDITIONS/GITAINEES TO OTTE	Change Addition
NAME	GOFF, EVELYN		1.2 NA			_ , _
STREET ADDRESS	ALLE MODELL CORRES OR			ELL ADDRESS		
CITY-ST-ZIP	PLANT CITY FL			Y-ST-71P		
TITLE	D	DITE 2.1				Change Addition
NAME	GOFF, STEVE	DFF, STEVE 22N		AE .	മലന്നാന	o corat monotoa 📗
STREET ADDRESS	4115 NORTH FORBES RD.		2.3 STREET ADDRESS		8000022540084 -07/31/9701076007	
CITY - ST - ZIP	PLANT CITY FL		2 4 CHY - S1 -		****16	5.00 ****165.00
TITLE	DELETE		3.1 111	ŧ		Change Addition
NAME			3.2 NA	AF		
STREET ADDRESS			33518	EET ADORESS		
CITY - ST - ZIP			3 4. 01	Y - S1 - ŽIP		
TITLE	DELETE 41		4170	£		Change Addition
NAME			4. 2 NA	ME		
\$TREET ADDRESS			4351	EET ADDRESS		
CITY - ST - ZIP			4 4 CtT	Y - \$1 - 7IP		
TITLE	DELFTE 517		5 1 TiT	.E		Change Addition
NAME			5 2 NA	WE	A 1	
STREET ADDRESS			5381	ELLADORESS ,	Malan Ma	
CITY-ST-ZIP			5.4 CIT	Y-S1-7IP	/# (') 20	
TITLE		DELETE	6110	.F	\boldsymbol{p}	Change L Addition
NAME			62 NA	AE	1	
STREET ADDRESS			63 511	ITEL ADDRESS		
CHY-ST-ZIP			64 CH	Y-S1-ZIP		

14. I do 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 supplienental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corporation or the receiver or trustee oppowered 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 on an attachment within address.