## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (2)DOCUMENT # Corporation Name GOOBIE CONSTRUCTION, INC. Principal Place of Business Mailing Address 2880 W OAKLAND PARK BLVD 2880 W OAKLAND PARK BLVD SUITE 100 SUITE 100 OAKLAND PARK FL 33311 OAKLAND PARK FL 33311 3. Date Incorporated or Qualified 3a. Date of Last Report 05/11/1992 02/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0334195 26 Not Applicable Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be $\Box$ 28 Trust Fund Contribution Added to Fees Zip Ζφ Country 8. This corporation has liability for intangible tax under s 199.032, 25 30 Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOOBIE, SCOTT Street Address (P.O. Box Number is Not Acceptable) R2 2880 W OAKLAND PARK BLVD **SUITE 100** 83 **OAKLAND PARK FL 33311** City 84 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, of 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, it am familiar with, and a cept the obligations of, Section 607,0505, Florida Statutes. tec name of registured agent and title. I applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1. 1 TITLE Change Addition GOOBIE, SCOTT NAME CR2E034 1.2 NAME 2880 W OAKLAND PARK BLVD STREET ADDRESS 1.3 STREET ADDRESS OAKLAND PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELFTE 2. 1 TITLE Change Addition CARR, BRIAN NAME 2.2 NAME 2880 W OAKLAND PK BLVD #100 STREET ADDRESS 2.3 STREET ADDRESS OAKLAND PARK FL CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS. 3.3. STREET ADDRESS CITY-ST-ZIP 34 CITY-\$1-7IP TITLE DELETE 4 1 THE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - 7IP DELE1E TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$T-2(P TITLE DELETE 6 1 TITLE Change Add tion NAME 6.2 NAME STREET ADDRESS 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(3)(k). Florida Statutes. I further certify that the information indicated on this anguar 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 conformation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged or on an attachment with an address.

SIGNATURE:

21

22

23

24

12.

SCOTT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5