

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 27 AM 10:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # V36027**

**(3)**

1. Corporation Name

**FLORIDA GUARDRAIL, INC.**

Principal Place of Business

**383 105TH AVE NO  
ROYAL PALM BEACH FL 33411  
US**

Mailing Address

**222 PICCADILLY ST.  
S-100  
W PALM BCH. FL 33407**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**05/07/1992**

3a. Date of Last Report

**05/01/1994**

2. Principal Place of Business

**21 7200B WESTPORT PLACE**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

22 Suite, Apt. #, etc.

**27 Suite, Apt. #, etc.**

23 City & State

**WEST PALM BEACH, FL**

27 City & State

**28 City & State**

24 Zip

**33413**

25 Country

**PALM BEACH**

29 Zip

**30 Country**

4. FEI Number

**65-0332212**

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. 119.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JAYNES, DAVID A.  
222 PICCADILLY ST.  
S-100  
W PALM BCH. FL 33407**

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, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when meeting)

DATE

12. OFFICERS AND DIRECTORS

|                 |                            |
|-----------------|----------------------------|
| TITLE           | <b>D</b>                   |
| NAME            | <b>GOFF, LORRAINE J.</b>   |
| STREET ADDRESS  | <b>383 105TH AVE. NO.</b>  |
| CITY - ST - ZIP | <b>ROYAL PALM BEACH FL</b> |
| TITLE           | <b>D</b>                   |
| NAME            | <b>GOFF, HOWARD F.</b>     |
| STREET ADDRESS  | <b>383 105TH AVE. NO.</b>  |
| CITY - ST - ZIP | <b>ROYAL PALM BEACH FL</b> |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | <b>7200B WESTPORT PLACE</b>                                                  |
| 1.4 CITY - ST - ZIP | <b>WESTPALM BEACH, FL 33413</b>                                              |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  | <b>7200B WESTPORT PLACE</b>                                                  |
| 2.4 CITY - ST - ZIP | <b>WEST PALM BEACH, FL 33413</b>                                             |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 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 110.07(3)(k), 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:

*Lorraine Goff*

**LORRAINE GOFF - PRESIDENT**

**(407) 478-7911**