

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 309885

Entity Name: GOFF COMMUNICATIONS, INC.**Current Principal Place of Business:**6448 PARKLAND DRIVE
SARASOTA, FL 34243**Current Mailing Address:**6448 PARKLAND DRIVE
SARASOTA, FL 34243 US**FEI Number:** 59-1149381**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOFF, JAMES E
6448 PARKLAND DRIVE
SARASOTA, FL 34243 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRES, SECRETARY, TREASURER
Name GOFF, JAMES E
Address 6448 PARKLAND DRIVE
City-State-Zip: SARASOTA FL 34243

Title VP
Name KROEZE, DARRYL
Address 2818 CYPRESS RIDGE BLVD.,
SUITE 110
City-State-Zip: WESLEY CHAPEL FL 33544

Title DIRECTOR OF ENVIRONMENTAL
HEALTH AND SAFETY
Name COLLINS, JEREMY
Address 6448 PARKLAND DRIVE
City-State-Zip: SARASOTA FL 34243

Title WAREHOUSE SUPERVISOR
Name PARRISH, ANTHONY
Address 6448 PARKLAND DRIVE
City-State-Zip: SARASOTA FL 34243

Title LICENSE HOLDER/QUALIFIER
Name SMITH, DOUGLAS L
Address 6448 PARKLAND DRIVE
City-State-Zip: SARASOTA FL 34243

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES E GOFF**PRESIDENT****01/16/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date