

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JAN 26 PM 3:14

DOCUMENT # 281024

(0)

1. Corporation Name

GOOD HOPE, INC.

Principal Place of Business

Mailing Address

400 S PALMETTO AVE
P. O. BOX 2110
DAYTONA BEACH FL 32114-4305
US

400 S PALMETTO AVE
P. O. BOX 2110
DAYTONA BEACH FL 32114-4305
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Continued

3a. Date of Last Payment

05/05/1964

02/21/1994

4. FET Number

Applies For
Not Applicable

59-1088201

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. 100.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

BELUS, ALLEN M.
400 S. PALMETTO AVENUE
DAYTONA BEACH FL 32015

10. Name and Address of New Registered Agent

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05.

Zip Code

11. Pursuant to the provisions of Sections 007.0502 and 007.1608, 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 007.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(P.O. Box Number is Not Acceptable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARDIKOS, NICHOLAS
STREET ADDRESS	5 FORT HILL CIRCLE
CITY - ST - ZIP	STATEN ISLAND, NY.
TITLE	D
NAME	MARDIKOS, THEODOSI
STREET ADDRESS	865 FOREST AVENUE
CITY - ST - ZIP	STATEN ISLAND NY
TITLE	PST
NAME	MARDIKOS, JAMES
STREET ADDRESS	30 BELMONT AVENUE
CITY - ST - ZIP	STATEN ISLAND, NY.
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. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(5)(b), Florida Statutes. I further certify that the information included 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 liquidator empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an addendum with my additions.

SIGNATURE: *[Signature]*

Signature and Title of Officer or Director

1/20/95

904-245-2757