CORPORATION ANNUAL REPORT

1999

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 281024 (0)

1. Corporation Name
GOOD HOPE, INC.

[redacted]

Principal Place of Business	Mailing Address
~~400 S PALMETTO AVE~~	400 S PALMETTO AVE
~~P. O. BOX 2119~~	P. O. BOX 2119
~~DAYTONA BEACH FL 32114-4305~~	DAYTONA BEACH FL 32114-4305
~~US~~	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	435 S. Ridgewood Ave	26	435 S. Ridgewood Ave
Suite, Apt. #, etc. 22	#210	Suite, Apt. #, etc. 27	#210
City & State 23	Daytona Beach, FL	City & State 28	Daytona Beach, Florida
Zip 24	32115	Country 25	USA
Zip 29	32114	Country 30	USA

3. Date Incorporated or Qualified: 05/05/1964

4. FEI Number: 59-1088201 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

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

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 435 S. Ridgewood Ave
83 #210
84 City: Daytona Beach FL 85 Zip Code: 32114

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: [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARDIKOS, NICHOLAS 5 FORT HILL CIRCLE STATEN ISLAND, NY.	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition 900002815989- E -03/23/99--01090--009 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARDIKOS, THEODOSI 865 FOREST AVENUE STATEN ISLAND NY	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST MARDIKOS, JAMES 36 BELMONT AVENUE STATEN ISLAND, NY.	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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 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: [signature] 1/10/99 904-255-5454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0022371