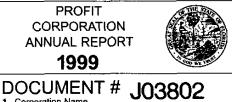
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90247 017 \*\*\*150.00

RICK GOOD SERVICING, INC. Principal Place of Business Mailing Address 525 PRODUCTION BLVD. 525 PRODUCTION BLVD. NAPLES FL 33942 NAPLES FL 33942 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/13/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2600815 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip ☐ Yes □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOOD, RICK Street Address (P.O. Box Number is Not Acceptable) 82 525 PRODUCTION BLVD. NAPLES FL 33942 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE GOOD, RICK 1.2 NAME NAME 525 PRODUCTION BLVD. 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE GOOD, RICK 2.2 NAME NAME 525 PRODUCTION BLVD. 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

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 supplied with his filling does not qualify for the exemption stated in Section 1990 (3)(i), Florida Statutes. 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

NAME

ING OFFICER OR DIRECTOR

Change

Addition

CR2E034 (11/98)