

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000083150 (8)

1. Corporation Name
GOOD KNIGHT RECOVERY, INC.

Principal Place of Business

1691 CYPRESS AVENUE
MELBOURNE FL 32935

Mailing Address

1691 CYPRESS AVENUE
MELBOURNE FL 32935-5930

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

LLOYD, JAMES M
1691 CYPRESS AVENUE
MELBOURNE FL 32935

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State

28 Zip

Country

29

30

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 the registered agent and the filer, if applicable (NOTE: Registered Agent signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LLOYD, JAMES M
STREET ADDRESS 2831 OHIO STREET
CITY-ST-ZIP MELBOURNE FL 32935

TITLE
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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS ☐ Change ☐ Addition

13.4 CITY-ST-ZIP ☐ Change ☐ Addition

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME ☐ Change ☐ Addition

13.7 STREET ADDRESS ☐ Change ☐ Addition

13.8 CITY-ST-ZIP ☐ Change ☐ Addition

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME ☐ Change ☐ Addition

13.11 STREET ADDRESS ☐ Change ☐ Addition

13.12 CITY-ST-ZIP ☐ Change ☐ Addition

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME ☐ Change ☐ Addition

13.15 STREET ADDRESS ☐ Change ☐ Addition

13.16 CITY-ST-ZIP ☐ Change ☐ Addition

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME ☐ Change ☐ Addition

13.19 STREET ADDRESS ☐ Change ☐ Addition

13.20 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, 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

James M Lloyd

4/15/97

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FILED
May 13 1997 8:00am
Secretary of State



CR2E034 (9/96)