

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 551916

(0)

1. Corporation Name

GOODBREAD OF FLORIDA, INC.

Principal Place of Business

**8000 HIGHWAY 70 EAST
OKEECHOBEE FL 34972**

Mailing Address

**8000 HIGHWAY 70 EAST
OKEECHOBEE FL 34972**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/18/1977

3a. Date of Last Report

04/25/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-1869044

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**CASSELS, JOHN D JR
400 NW 2ND STREET
OKEECHOBEE FL 33473**

10. Name and Address of New Registered Agent

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

☐ Typed or printed

☐ Signature

(NOTE: registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	☐ Change ☐ Addition
NAME	GOODBREAD, GEORGE A.	1.2 NAME	
STREET ADDRESS	12575 HIGHWAY 70TH EAST	1.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	1.4 CITY - ST - ZIP	
TITLE	VO	2.1 TITLE	☐ Change ☐ Addition
NAME	GOODBREAD, BRAD	2.2 NAME	
STREET ADDRESS	12575 HIGHWAY 70TH EAST	2.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	GOODBREAD, MARK E.	3.2 NAME	
STREET ADDRESS	1820 S.E. 6TH LN.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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]
SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Telephone #

2-24-95