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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:08

DOCUMENT # **673280** **(4)**

1. Corporation Name
GOOD OLDS GUYS, INC.

Principal Place of Business	Mailing Address
1804 S COLLINS PO BOX 548 PLANT CITY FL 33566	1804 S COLLINS PO BOX 548 PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1980
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-2001258 ☐ 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

SAPP, BOB
1209 E CLIFTON ST
TAMPA FL 33604

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	Vice President ☒ Change ☐ Addition
NAME	CAMPISI,SAL	12 NAME	Paul Lokey
STREET ADDRESS	2615 LAKELAND HILLS BLVD	13 STREET ADDRESS	2339 Gulf to Bay Blvd.
CITY-ST ZIP	LAKELAND FL 33804	14 CITY-ST ZIP	Clearwiter, Fl. 34618
TITLE	VP	21 TITLE	President ☒ Change ☐ Addition
NAME	SCOTT DAVIS	22 NAME	Scott Davis
STREET ADDRESS	1307 W. KENNEDY BLVD	23 STREET ADDRESS	1307 W. Kennedy Blvd.
CITY ST ZIP	TAMPA FL 33601	24 CITY ST ZIP	Tampa, Fl. 33601
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	SAPP, BOB	32 NAME	
STREET ADDRESS	1209 E CLIFTON ST	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: _____ 3/23/96 (813) 752-4181
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICIAL OFFICER OR DIRECTOR — Title — Daytime Phone #

0287781 CP