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PROFIT CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F00121

THE GOODY GOODY, INC.

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90046 025 ***150.00



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28	<u> </u>	te 🛒		City & State				6.	Election Campaign Finar	icing	\$5.00	May Be
9. Name and Address of Current Registered Agent WHEELER, MICHAEL E. 400 N. ASHLEY DRIVE SUTTE 2550 TAMPA FL 33602 84 City FL 85 Zip Code 87 Signature, type of present arms of registered agent arms for agreement profiles of registered style of profiles and present arms of registered agent arms of registered agent arms for agreement profiles of registered agent arms		<u></u>	1/2.						Trust Fund Contribution		Added	to Fees
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WHEELER, MICHAEL E 400 N. ASHLEY DRIVE SUITE 2650 TAMPA FL 33 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Tamus don't other provisions of Sections 607 (9502 and 507,1598) Floridas Statutes, the acceptable statement of the purposes of changing its registered agent, or both right is Statement for the purposes of changing its registered right of the configuration of Florida's Statutes, the acceptable statement of Configuration statement for the purposes of Changing its registered right of the configuration of Florida's Statutes in the acceptable statement for the purposes of Changing its registered agent, or statement for the purposes of Changing its registered agent, or statement for the purposes of Changing its registered agent, or statement for the purposes of Changing its registered agent, or statement for the purposes of Changing its registered agent, or statement for the purposes of Changing its registered agent, or statement for the purposes of Changing its registered agent, or statement for the purposes of Changing its registered agent, or statement for the purposes of Changing its registered agent, or statement for the purposes of Changing its registered agent, or statement for the purposes of Changing its registered agent, or statement for the purposes of Changing its registered agent, or statement for the purposes of Changing its registered agent a	24				30				Personal Property Tax.		Yes	□No
WHEELER, MICHAEL E				legistered Agent				10.	Name and Address of I	lew Register	ed Agent	
\$2 Street Address (P-O. Box Number is Not Acceptable)	MILLE	EELED MICHAEL E				81	Name					
SUITE 2650 TAMPA FL 33602 84 City FL 85 Zip Code 11; Fursian With provisions of Section's 607 9502 and 607.5508; Florida Statitus. We above named comporation submits this statement for the purpose of changing its registerer agent, and an adverted the official "such change was authorized by the corporation's board of directors' Interest accept the appointment as registered agent, or both full rise State of Fiorida, "such change was authorized by the corporation submits this statement for the purpose of changing its registerer agent. If an familiar with, and accept the obligations of Section's Statitus. SIGNATURE Signature Special registered agent and the if applicable. POPT OPT OPT OPT OPT OPT OPT OPT OPT O	Tele 400	AL ACULEY DON'T				82	Street Addre	ss (P	P.O. Box Number is Not A	ceptable)		
TAMPA FL 33602								(<u></u>	2. 21. 3. 53 to 10.4
Section Sect			aring.			83			1,150	1. 1. 1	1 1 424	14. juli 44
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Signature Sign	11 Pursuant	to the provisions of Sec	tions 607 0502 a	nd 607:1508 Florida St	atules, the at	ove	named corpo	ration	submits this statement for	r the purpose	of changing its	registered
Signature Sign	office or r	registered agent, or both	in the State of I	Florida Such change wa	as authorized	by t	he corporation	s bo	ard of directors I hereby	accept the ap	pointment as re	distered
Signature, typed or printed name of registered speet and site if applicable. NOTE. Registered Agent and site if applicable. NOTE.		ini isinila with, and acc	ehr nie opligation	15°01, 3600011 007 0303	Tionua Statu	103.					CONTROL OF	是技术。
12.	SIGNATURE	Signature, typed or printed nam	e of registered agent an	d title if applicable. (N	NOTE: Registered	Agent	signature required	when re	einstating)	DATE	2067.5194.648	21.27.27
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Ta. I holdby could that the intermediate with this high noes no married in Section 114 harden statutes i tripper contact that the intermediate		ertify that the information	n supplied with th	nis filing does not qualify				ction	119 07/3\(i) Florida State	tes I further o	ertify that the in	Mormation

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.

SIGNATURE