

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT 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 JUN 16 12:11:14

**DOCUMENT # G13198 (8)**

1. Corporation Name  
**GOODGAME INVESTMENTS, INC.**

Principal Place of Business <b>C/O O STEPHEN THACKER 407 S EWING AVE CLEARWATER FL 34616-5766</b>	Mailing Address <b>C/O O STEPHEN THACKER 407 S EWING AVE CLEARWATER FL 34616-5766</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/14/1982</b>	3a. Date of Last Report <b>05/10/1994</b>
4. FEI Number <b>59-2239868</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.052, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**O STEPHEN THACKER, ESQ  
407 S EWING AVE  
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>GOODGAME, J. THOMAS JR.</b>
STREET ADDRESS	<b>1104 DRUID ROAD SOUTH</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b>
NAME	<b>GOODGAME, ELIZABETH K</b>
STREET ADDRESS	<b>1104 DRUID ROAD SOUTH</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	<b>GOODGAME, J. THOMAS JR.</b>	
1 3 STREET ADDRESS	<b>1732 SUNSET DRIVE</b>	
1 4 CITY - ST - ZIP	<b>CLEARWATER FL 34615</b>	
2 1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	<b>GOODGAME, ELIZABETH K.</b>	
2 3 STREET ADDRESS	<b>1732 SUNSET DRIVE</b>	
2 4 CITY - ST - ZIP	<b>CLEARWATER, FL 34615</b>	
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
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: *J. Thomas Jr. Goodgame* **GOODGAME,** Date: **6/12/95** Office: **8134463451**

CR2E034 (3/95)