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FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J25046** (0)
1. Corporation Name
GOOD RENTALS, INC.

Principal Place of Business 1420 S MISSOURI AVE 1420 S. MISSOURI AVENUE CLEARWATER FL 34616 US	Mailing Address 2539 SEVEN SPRINGS BLVD. 1420 S. MISSOURI AVENUE NEW PORT RICHEY FL 34655-3628 US
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3. Date Incorporated or Qualified 07/23/1986	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 1420 S. Missouri Ave Suite, Apt. #, etc.	2a. Mailing Address 26 2539 Seven Springs Blvd Suite, Apt. #, etc.	4. FEI Number 59-2718463 Applied For Not Applicable
22 Clearwater, FL City & State	27 New Port Richey FL City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 34616 Zip	28 Pine Hills Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 34616 Zip	25 Pine Hills Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
29 34655 Zip	30 Pgcsco Country	

9. Name and Address of Current Registered Agent RONDA GOOD 2539 SEVEN SPRINGS BLVD. NEW PORT RICHEY FL 34655	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	
NAME	GOOD, RONDA	1.2 NAME	
STREET ADDRESS	5729 SWEET CHERRY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	GOOD, STEVE	2.2 NAME	
STREET ADDRESS	2259 BELLEAIR RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	GOOD, LARRY	3.2 NAME	
STREET ADDRESS	2088 VALENCIA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	JOHNSON, ROBERT E	4.2 NAME	
STREET ADDRESS	5729 SWEET CHERRY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ronda Good Ronda Good 1/16/97 813-372-8079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0452376

CR2E034 (9/96)