

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J25047 (8)

1. Corporation Name

GOOD PARTIES, INC.



Principal Place of Business

Mailing Address

C/O FRED GOOD  
2259 BELLEAIR RD.  
CLEARWATER FL 34624-2761

C/O FRED GOOD  
2259 BELLEAIR RD.  
CLEARWATER FL 34624-2761

3. Date Incorporated or Qualified  
07/23/1986

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 5729 Sweet Cherry LA 22 5729 Sweet Cherry LA

4. FEI Number  
59-2718462

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

23 Land O'Lakes FL 24 34639 25 P95CO 26 Land O'Lakes FL 27 34639 28 P95CO 29 34639 30 P95CO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOOD, FRED  
1420 S. MISSOURI AVENUE  
CLEARWATER FL 33516

81 Name Ronda Good  
82 Street Address (P.O. Box Number is Not Acceptable) 5729 Sweet Cherry LA  
83  
84 City Land O'Lakes FL 85 Zip Code 34639

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, to 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GOOD, FRED	
STREET ADDRESS	2259 BELLEAIR RD.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOOD, STEVE	
STREET ADDRESS	2259 BELLEAIR RD.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOOD, LARRY	
STREET ADDRESS	2088 VALENCIA WAY	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT E.	
STREET ADDRESS	4990 QUAIL FOREST DR.	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ronda Good	
1.3 STREET ADDRESS	Larry	
1.4 CITY - ST - ZIP	2088 Valencia Clearwater, FL 34624	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert E Johnson	
2.3 STREET ADDRESS	5729 Sweet Cherry LA.	
2.4 CITY - ST - ZIP	Land O'Lakes, FL 34639	
3.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ronda Good	
3.3 STREET ADDRESS	5729 Sweet Cherry LA.	
3.4 CITY - ST - ZIP	Land O'Lakes, FL 34639	
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 119.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (813) 446-3028

Daytime Phone #

CR2E034 (12/95)