

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N00354 (3)

1. Corporation Name

FORGOOD, INC.

Principal Place of Business

Mailing Address

HAROLD CONRAD
2508 COUNTRY CLUB DR.
LYNN HAVEN FL 32444

HAROLD CONRAD
2508 COUNTRY CLUB DR.
LYNN HAVEN FL 32444-1998

FILED
Jan 22 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1983		3a. Date of Last Report 01/26/1996	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 59-2872703		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOQUE, DAYTON 303 MAGNOLIA AVE. PANAMA CITY FL				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.							
SIGNATURE HAROLD CONRAD				DATE 1-8-97			
(NOTE: Registered Agent signature required when reinstating)							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE	D	Change Addition	
NAME	TANNEHILL, JOE			1.2 NAME	OGDEN, HOWARD		
STREET ADDRESS	3030 W 30TH COURT			1.3 STREET ADDRESS	421 1/2 N. PALO ALTO AVE.		
CITY-ST-ZIP	PANAMA CITY FL			1.4 CITY-ST-ZIP	PANAMA CITY FL		
TITLE	D	DELETE		2.1 TITLE		Change Addition	
NAME	MCGILL, L.D.			2.2 NAME			
STREET ADDRESS	100 CHERRY ST. APT 304			2.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			2.4 CITY-ST-ZIP			
TITLE	D	DELETE		3.1 TITLE		Change Addition	
NAME	CARTER, MILTON			3.2 NAME			
STREET ADDRESS	902 E. 3RD ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			3.4 CITY-ST-ZIP			
TITLE	DC	DELETE		4.1 TITLE		Change Addition	
NAME	CONRAD, HAROLD			4.2 NAME			
STREET ADDRESS	2508 COUNTRY CLUB DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN FL			4.4 CITY-ST-ZIP			
TITLE	D	DELETE		5.1 TITLE		Change Addition	
NAME	LEWIS, BILL			5.2 NAME			
STREET ADDRESS	P O BOX 1758			5.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change Addition	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.							
SIGNATURE: HAROLD CONRAD				DATE: 1-8-97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone: 904-265-4937			

CR2E037 (9/96)