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 # **P25938** **(2)**

1. Corporation Name
MR. GOODPRICE, INC.

Principal Place of Business
750 SHELAND CR.
NOKOMIS FL 34275

Mailing Address
750 SHELAND CR.
NOKOMIS FL 34275

3. Date Incorporated or Qualified	3a. Date of Last Report
09/05/1989	02/02/1995

4. FEI Number: 31-0931840 — ☐ 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

2. Principal Place of Business
21 8199 Boonesboro Rd.
22 Suite, Apt. #, etc.
23 City & State: Ft. Myers, Fl
24 Zip: 33917 25 Country: Lee

2a. Mailing Address
26 8199 Boonesboro Rd.
27 Suite, Apt. #, etc.
28 City & State: Ft. Myers, Fl.
29 Zip: 33917 30 Country: Lee

9. **Name and Address of Current Registered Agent**

DOUGLAS, LARRY
750 SHETLAND CR.
NOKOMIS FL 34275

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8199 Boonesboro Rd.
83
84 City: Ft. Myers FL 85 Zip Code: 33917

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: Larry Douglas LARRY DOUGLAS DATE: 2/3/96

NOTE: Registered Agent Signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	DOUGLAS, LAWRENCE R.		1.2 NAME	
STREET ADDRESS	750 SHETLAND CIRCLE		1.3 STREET ADDRESS	8199 Boonesboro Rd.
CITY-ST-ZIP	NOKOMIS FL		1.4 CITY-ST-ZIP	Ft. Myers, Fl. 33917
TITLE	STD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	DOUGLAS, REBECCA I.		2.2 NAME	
STREET ADDRESS	750 SHETLAND CIRCLE		2.3 STREET ADDRESS	8199 Boonesboro Rd.
CITY-ST-ZIP	NOKOMIS FL		2.4 CITY-ST-ZIP	Ft. Myers, Fl. 33917
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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 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: Rebecca I. Douglas Rebecca I. Douglas — 2/3/96 (941)567-0756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)