

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000003012 (8)**

1. Corporation Name

GOOD NEWS SERVICES, INC.



Principal Place of Business

**467 SILVER DEW STREET
LAKE MARY FL 32746**

Mailing Address

**467 SILVER DEW STREET
LAKE MARY FL 32746**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**TURNER, C M
467 SILVER DEW STREET
LAKE MARY FL 32746**

3. Date Incorporated or Qualified

01/10/1995

3a. Date of Last Report

NEW CORP

4. FBT Number

59-3301253

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. 193.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0502 and 607.1502, 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 607.0502, Florida Statutes.

SIGNATURE

C.M. Turner, President

C.M. TURNER

1-17-96

(Date of Signature) (Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

11	12	13
TITLE	D	☐ DELETE
NAME	TURNER, C M	
STREET ADDRESS	467 SILVER DEW STREET	
CITY-STATE-ZIP	LAKE MARY FL 32746	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14	15	16
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
15 TITLE		☐ Change ☐ Addition
16 NAME		
17 STREET ADDRESS		
18 CITY-STATE-ZIP		
19 TITLE		☐ Change ☐ Addition
20 NAME		
21 STREET ADDRESS		
22 CITY-STATE-ZIP		
23 TITLE		☐ Change ☐ Addition
24 NAME		
25 STREET ADDRESS		
26 CITY-STATE-ZIP		
27 TITLE		☐ Change ☐ Addition
28 NAME		
29 STREET ADDRESS		
30 CITY-STATE-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:

C.M. Turner, President **C.M. TURNER** **1-17-96** **(407) 324-7905**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Day-Month-Year)

CR2E034 (12/95)