CR2E034 (11/98)

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90003 014 ***150.00

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000006436

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

OFFICERS AND DIRECTORS

1. Corporation Name

GOOD COMPANY II, INC.							
Principal Place of Business	Mailing Address						11 51225 11110 5111 1501
225 WEST NEW YORK AVE. DELAND FL 32720	225 WEST NEW YORK DELAND FL 32720	225 WEST NEW YORK AVE. DELAND FL 32720			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/25/1995		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	L	Applied For
21	26				NOT APPLICABLE		Not Applicable
Suite, Apt. #, etc.	-Suite, Apt. #, etc.			,	5. Certifcate of Status Desired	40	.75 Additional ee Required
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees
Zip Country 24 25	Zip 29	Cou	ntry		This corporation owes the current year I Personal Property Tax.	ntangible	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
ROCCO, JERRY 225 WEST NEW YORK AVE. DELAND FL 32720			81 82 83	Name Street Addre	Idress (P.O. Box Number is Not Acceptable)		
·			84	City	F	_ , ,	Zip Code
agent. I am familiar with, and accept the ob	ate of Florida. Such change wa	is authorized	bv '	tne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of chang ointment	ing its registered t as registered
SIGNATURE							

☐ DELETE ☐ Change ☐ Addition **DPST** 11 TITLE TITLE ROCCO, JERRY 1.2 NAME NAME 225 WEST NEW YORK AVE. 1.3 STREET ADDRESS STREET ADDRESS DELAND FL 32720 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE D۷ NAME MURPHY, RICHARD F 2.2 NAME STREET ADDRESS 2221 OAK HILL DRIVE 2.3 STREET ADDRESS DELAND FL 32720 2. 4 CITY-ST-ZIP C/TY-ST-ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change [] Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

13.

(NOTE: Registered Agent signature required when reinstating)

CITY-ST-ZIP 14. I 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, with all other like empowered.

SIGNATURE: ,

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

12.

☐ DELETE

□ DELETE

904-734-4411

Change

Change

Addition

☐ Addition