| DOCUMENT # P95000039298  1. Entity Name  THE GOOD NEWS MAINTENANCE SERVICE, INC.   |  |  |               |                        |                          |  | Eu   | Én               |                     |                         |               |
|--|--|--|---------------|------------------------|--------------------------|--|--|------------------|---------------------|-------------------------|---------------|
|  |  |  |               |                        |                          | FILED                                    |  |                  |                     |                         |               |
|  |  | ·  | _             |                        |                          |  | 00 MAR 10  | PM 1:            | 48                  |                         |               |
| Principal Place of Business Mailing Address  |  |  |               |                        |                          | GEODERA INACIONI OTATE                   |  |                  |                     |                         |               |
| 3581 S. DALTO<br>INVERNESS FL  |  | 3581 S. DALTON TERRACE<br>INVERNESS FL 34452-5755            |               |                        |                          | SECRETARY OF STATE TABLEMRASSEE, FLORIDA |  |                  |                     |                         |               |
|  |  | I a seems Address  |               |                        |                          |  |  |                  |                     |                         |               |
| 2 Principal P  | lace of Business DAISY LANE  | 3. Mailing Address 314 DAISY LANE                            |               |                        |                          | ) <b>(86</b> )   <b>  18</b>             | 1868   <b>  5</b> 611   <b>  76</b> 21   <b>  88</b> 16   <b> </b> |                  | ILLE HALF IS.       | iti ikir ikki           |               |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  |               |                        |                          |  | DO NOT WRITE   | IN THIS SPA      | CE                  |                         |               |
| City & State   | , -, -   | City & State, INVERNESS, FLORIDO                             |               |                        | 4.                       | FEI Number                               | 59-3320152   |                  |                     | plied For<br>Applicable | ]             |
| Zip<br>34452   | Country  | - Zip<br>3ゲゲン  | Coun          | iry                    | 5.                       | Certificate of                           | Status Desired   |                  | .75 Add<br>Required |                         |               |
|  | 6:- Name and Address of Current I  | Registered Agent   | -             |                        | . 7:                     | Name and A                               | dress of New Re  | gistered Age     | nt                  |                         | <b>]</b> .    |
|  |  | •  |               | Name                   | ارس<br>مشارک از مین ۱۰۰۰ |  |  |                  |                     |                         |               |
| LANIA, JOSEPH S W Street Address   |  |  |               |                        | ddress (P.O.             | Box Number i                             | s Not Acceptable)  |                  |                     | -                       |               |
|  | BROKE PINES FL 33024   |  |               | ,                      |                          | 2 27.5                                   | 6.50   |                  |                     |                         | 1             |
|  |  |  |               | City                   |                          | eren                                     |  | FL               | Zip Code            |                         | 1             |
| 8. The shove   | named entity submits this statement for  | the purpose of changing its                                  | registere     | ed office or           | registered a             | gent, or both.                           | in the State of Flori  |                  |                     |                         | 1             |
|  |  |  |               | •                      |                          |  |  |                  |                     |                         |               |
| SIGNATURE .  | Signature, typed or printed name of registered agent a   | nd title if a Kosenship                                      | -<br>Permitee | t Acent sinoat         | ure required when        | reinstatocal                             |  | راً عسي<br>DAIL  |                     |                         |               |
|  |  | FILE NOW!  |               |                        |                          | T  |  |                  |                     | <del></del>             | 1             |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)    Tax filing requirement and elects to do so. |  |  |               | will be \$5            | 550.00<br>t of State     | Trust                                    | on Campaign Final<br>Fund Contribution.                            |                  | Added               | D May Be<br>to Fees     |               |
| 11.  | OFFICERS AND I   |  | 12.           |                        | A                        | DDITIONS/CI                              | ANGES TO OFFIC   |                  |                     |                         | ₹a            |
| TITLE<br>Name  | PD<br>Garcia, Ricardo  | - Delete   | TITLE         |                        |                          |  |  |                  | Change              | Addition                | 1 5           |
| STREET ADDRESS   | 3581 S. DALTON TERRACE   |  |               | ET ADDRÉSS             | ]                        |  |  |                  |                     |                         | 18            |
| CITY-ST-ZIP  | INVERNESS FL 34452   |  | CITY          | -ST-ZIP                |                          |  |  |                  |                     |                         | -   2         |
| TITLE  | SD<br>GARCIA, SALLY  | <b>⊠</b> Defete  | TITLE         | :                      | CARCI                    | A, BREI                                  | JDA  |                  | Change              | Addition 🔀              | 1             |
| NAME<br>STREET ADDRESS   | 3581 S. DALTON TERRACE   |  |               | ET ADDRESS             | 31404                    | risy LN'                                 |  |                  |                     | 4.                      |               |
| CITY-ST-ZIP  | INVERNESS FL 34452   |  | CITY          | -ST-ZIP                | INVER                    | NESS F                                   | L 34452  |                  |                     |                         | 1             |
| TITLE  |  | ☐ Delete   | me            |                        | · · · · ·                |  |  | ```              | Change              | Addition                | Ï             |
| NAME<br>STREET ADDRESS   |  |  | NAM!<br>STRE  | E<br>Et address        | )                        |  |  |                  |                     |                         |               |
| CITY-ST-ZIP  |  | •  |               | -ST-ZIP                | <u> </u>                 |  |  |                  |                     |                         |               |
| TITLE  |  | Delete   | - TITLE       |                        | ·                        |  |  |                  | Change              | Addition                |               |
| NAME   |  |  | NAM           |                        | 1                        |  |  |                  |                     |                         |               |
| STREET ADDRESS CITY-ST-ZIP   |  |  | 1             | et adoress<br>· St-Zip |                          |  |  |                  |                     |                         | 1             |
| TITLE  |  | ☐ Defete   | TITLE         | :                      | <b></b>                  |  |  |                  | Change              | ☐ Addition              | 1             |
| NAME   |  |  | NAM           | Ε                      | <u> </u>                 |  |  |                  |                     |                         |               |
| STREET ADDRESS   |  | *1   |               | et adoress<br>-st-zip  |                          |  |  |                  |                     |                         |               |
| CITY-ST-ZIP<br>TITLE   |  | ☐ Delete   | TITLE         |                        | <b></b> -                |  |  |                  | Change              |                         | 1             |
| NAME   |  | µ⊒ Delete  | NAM           |                        | \<br>                    |  |  |                  | <del></del>         | ME                      | -             |
| STREET ADDRESS   |  |  |               | ET ADDRESS             | 1                        |  |  |                  |                     |                         |               |
| CITY-ST-ZIP  | <u> </u>   |  |               | ST-ZIP                 | <u> </u>                 | ******                                   | Children and a second  |                  |                     | 4*******                | $\frac{1}{2}$ |
| indicated<br>of the cor  | certify that the information supplied with<br>on this report or supplemental report is<br>poration or the receiver or trustee empo<br>, or on an attachment with an address, w | true and accurate and that n<br>wered to execute this report | as requi      | iure shall h           | iave the same            | : ledal enect £                          | is it made under oa  | iin: inal i am a | an onicer           | or director             |               |

SIGNATURE

news / duce

1/21/00

(352)726-8445

Daytime Phone #