SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000072127 (0)**

1. Corporation Name
THE GOOD BRUSH, INC.

Principal Place of Business	Mailing Address
14634 ZIPLIN ROAD WINTER GARDEN FL 34787	14634 ZIPLIN ROAD WINTER GARDEN FL 34787

3. Date Incorporated or Qualified: 09/15/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 14634 Siplin Rd	26 14634 Siplin Rd
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Winter Garden, FL	28 City & State: Winter Garden, FL
24 Zip: 34787 25 Country	29 Zip: 34787 30 Country

4. FEI Number: 59-3322923 ☐ 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

9. Name and Address of Current Registered Agent

CASANOVA, MARTIN
14634 ZIPLIN ROAD
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name: Martin Casanova
82 Street Address (P.O. Box Number is Not Acceptable): 14634 Siplin Rd
83
84 City: Winter Garden **FL** 85 Zip Code: 34787

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CASANOVA, MARTIN 14634 ZIPLIN ROAD WINTER GARDEN FL 34787	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☑ Addition ST Salvador Meraz 112 Story Rd Winter Garden, FL 34787
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD GOMEZ, ALFREDO 510 WEST STORY ROAD WINTER GARDEN FL 34787	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☑ Addition S Felix Morales 327 Shan Ln. Pine Hill, FL 34786
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 400001918744 -08/12/96--01019--002 ***225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 300001918743 -08/12/96--01019--001 ***8.75 8-9-96

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 8-02-96 (407) 877-0325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #