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FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000048419 (1)

1. Corporation Name

GOOD DAY ENTERPRISES, INC.

Principal Place of Business

4740 SOUTH FLORIDA AVE.
LAKELAND FL 33813

Mailing Address

4740 SOUTH FLORIDA AVE.
LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1996

4. FEI Number

APPLIED FOR 59-3381393

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BURKEY, JOHN D
4740 SOUTH FLORIDA AVE.
LAKELAND FL 33813

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS BURKEY, JOHN D
CITY-ST-ZIP 1400 GRASSLANDS BLVD APT 66
LAKELAND FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS TRINKLEIN, TRACY J
CITY-ST-ZIP 5416 OVERLOOK POINT
LAKELAND FL 33813

TITLE ☐ DELETE

NAME D
STREET ADDRESS TRINKLEIN, PAUL A
CITY-ST-ZIP 5416 OVERLOOK POINT
LAKELAND FL 33813

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☐ Change ☐ Addition

1.2 NAME Burkey John D
1.3 STREET ADDRESS 1400 Grasslands Blvd Apt 66
1.4 CITY-ST-ZIP Lakeland, FL

2.1 TITLE President/Vice Pres ☐ Change ☐ Addition

2.2 NAME Trinklein Tracy J
2.3 STREET ADDRESS 5416 Overlook Point
2.4 CITY-ST-ZIP Lakeland, FL 33813

3.1 TITLE Treasurer ☐ Change ☐ Addition

3.2 NAME Trinklein Paul A
3.3 STREET ADDRESS 5416 Overlook Point
3.4 CITY-ST-ZIP Lakeland, FL 33813

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE

Tracy J. Trinklein

2.18.98

941.1048.4504

CP2E034 (10/97)