

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90070 014 \*\*\*150.00

**DOCUMENT # P96000048419**

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

**59-3381393**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ 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 **S BURKEY, JOHN D**  
STREET ADDRESS **1400 GRASSLANDS BLVD APT 66**  
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE  
NAME **PVP TRINKLEIN, TRACY J**  
STREET ADDRESS **5416 OVERLOOK POINT**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ DELETE  
NAME **T TRINKLEIN, PAUL A**  
STREET ADDRESS **5416 OVERLOOK POINT**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ DELETE  
NAME **S BURKEY, JOHN D.**  
STREET ADDRESS **1400 GRASSLANDS BLVD., APT. 66**  
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE  
NAME **PVP TRINKLEIN, TRACY J.**  
STREET ADDRESS **5416 OVERLOOK POINT**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ DELETE  
NAME **T TRINKLEIN, PAUL A.**  
STREET ADDRESS **5416 OVERLOOK POINT**  
CITY-ST-ZIP **LAKELAND FL 33813**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Tracy Trinklein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/99**  
Date

**941.648.4504**  
Daytime Phone #

CR2EC034 (11/98)