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Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90095 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000066418

1. Corporation Name

GOOD SAMARITAN HOLDINGS CORP.

Principal Place of Business

2725 ROBIE AVE  
MT DORA FL 3275  
US

Mailing Address

P O BOX 1196  
MT DORA FL 32756-1196  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1996

4. FEI Number

59-3429845

Applied For

No: 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 32757 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MARTIN, AURORA  
507 SE 1 AVE  
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name

MARTIN, AURORA

82 Street Address (P.O. Box Number is Not Acceptable)

2725 ROBIE AVE.

83

84 City

MOUNT DORA

FL

85

32757

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 D ☐ DELETE

NAME BANAGO, DANILO  
STREET ADDRESS 507 SE 1 AVE  
CITY-ST-ZIP WILLISTON FL

TITLE D ☐ DELETE

NAME BANAGO, LENY M  
STREET ADDRESS 507 SE 1 AVE  
CITY-ST-ZIP WILLISTON FL

TITLE D ☐ DELETE

NAME MARTIN, ARTEMIO A  
STREET ADDRESS 507 SE 1 AVE  
CITY-ST-ZIP WILLISTON FL

TITLE D ☐ DELETE

NAME MARTIN, AURORA M  
STREET ADDRESS 507 SE 1 AVE  
CITY-ST-ZIP WILLISTON FL

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 D ☒ Change ☐ Addition

1.2 NAME BANAGO, DANILO  
1.3 STREET ADDRESS 2725 ROBIE AVE.  
1.4 CITY-ST-ZIP MOUNT DORA, FL 32757

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME LENY BANAGO  
2.3 STREET ADDRESS 2725 ROBIE AVE.  
2.4 CITY-ST-ZIP MOUNT DORA, FL 32757

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME MARTIN, ARTEMIO  
3.3 STREET ADDRESS 2725 ROBIE AVE.  
3.4 CITY-ST-ZIP MOUNT DORA, FL 32757

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME MARTIN, AURORA  
4.3 STREET ADDRESS 2725 ROBIE AVE  
4.4 CITY-ST-ZIP MOUNT DORA, FL 32757

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 119.01(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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

352-383-6094

Daytime Phone #

CR2E034 (11/98)

0066600