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Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000077963 (2)

1. Corporation Name

JUST GOOD FRIENDS, INC.

Principal Place of Business

201 EAST DAVIS BOULEVARD  
TAMPA FL 33606

Mailing Address

201 EAST DAVIS BOULEVARD  
TAMPA FL 33606-3728

3. Date Incorporated or Qualified  
09/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 616 LIGHTSEY LN

26 616 LIGHTSEY LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LUTZ, FL. 33549

28 LUTZ, FL

Zip

Country

Zip

Country

24 33549

25 HILLSBORO

29 33549

30 HILLSBORO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIVINGSTON, CLIFTON A  
201 EAST DAVIS BOULEVARD  
TAMPA FL 33606

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CLARK, E L JR  
STREET ADDRESS 5000 ROSAMOND DRIVE APT. 2509  
CITY-ST-ZIP TAMPA FL 33608  
☒ DELETE

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

TITLE PRES.  
NAME JACK G. YENT, JR.  
STREET ADDRESS 3127 RESEDA CT.  
CITY-ST-ZIP TAMPA, FL 33616  
☐ DELETE

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

TITLE SEC.  
NAME TERRY L. MANRIQUE  
STREET ADDRESS 6409 MURRAY HILL DR.  
CITY-ST-ZIP TAMPA, FL 33613  
☐ DELETE

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

TITLE TREAS.  
NAME JAMES A. GLASS, SR.  
STREET ADDRESS 616 LIGHTSEY LN.  
CITY-ST-ZIP LUTZ, FL. 33549  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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:

*James A. Glass*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)