

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 02 1998 8:00am
Secretary of State

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000075322 (2)

1. Corporation Name

GOOD FOOD ASSOCIATES, INC.

Principal Place of Business

1153 MALABAR RD NE #16
PALM BAY FL 32907

Mailing Address

1153 MALABAR RD NE #16
PALM BAY FL 32907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

59-3466334

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2825 Peters Road

Suite, Apt #, etc

22

City & State

23 Ft. Pierce, FL

Zip

24 34945

Country

25

2a. Mailing Address

26 2825 Peters Road

Suite, Apt #, etc

27

City & State

28 Ft. Pierce, FL

Zip

29 34945

Country

30

9. Name and Address of Current Registered Agent

CASALINO, GREGG M
3111 CARDINAL DR
VERO BEACH FL 32963

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

D
NAME RAYNOR, BILLY
STREET ADDRESS 1153 MALABAR RD NE #16
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ DELETE

D
NAME RAYNOR, SHIRLEY
STREET ADDRESS 1153 MALABAR RD NE #16
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☒ DELETE

D
NAME ~~MOZHY~~
STREET ADDRESS ~~3400 KATY LANE~~
CITY-ST-ZIP ~~PALM BAY FL 32907~~

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2825 Peters Road
1.4 CITY-ST-ZIP Ft. Pierce, FL 34945

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 2825 Peters Road
2.4 CITY-ST-ZIP Ft. Pierce, FL 34945

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 in an attachment with an address.

SIGNATURE:

 Billy Raynor 4-30-98

CR2E034 (10/97)