


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90243 039 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000051745**

1. Corporation Name

ITS ALL GOOD ENTERPRISES, INC.

Principal Place of Business  
 1708 N. 3RD STREET  
 JACKSONVILLE BEACH FL 32250

Mailing Address  
 1708 N. 3RD STREET  
 JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

59-3515463

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

PRATT, JOHN M.H.  
 1708 N. 3RD STREET  
 JACKSONVILLE BEACH FL 32250

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 VICE-PRESIDENT ☐ DELETE  
 NAME MIKE CONLEY  
 STREET ADDRESS 1708 N. 3RD STREET  
 CITY-ST-ZIP JACKSONVILLE BEACH, FL. 32250

TITLE PRESIDENT ☐ DELETE  
 NAME JOHN M. H. PRATT  
 STREET ADDRESS 1708 N. 3RD STREET  
 CITY-ST-ZIP JACKSONVILLE BEACH, FL. 32250

TITLE VICE-PRESIDENT ☐ DELETE  
 NAME GREG CONLEY  
 STREET ADDRESS 1708 N. 3RD STREET  
 CITY-ST-ZIP JACKSONVILLE BEACH, FL. 32250

TITLE VICE-PRESIDENT ☐ DELETE  
 NAME DAVID HARRISON  
 STREET ADDRESS 1708 N. 3RD STREET  
 CITY-ST-ZIP JACKSONVILLE BEACH, FL. 32250

TITLE SECRETARY-TREASURER ☐ DELETE  
 NAME BRIAN CONLEY  
 STREET ADDRESS 1708 N. 3RD STREET  
 CITY-ST-ZIP JACKSONVILLE BEACH, FL. 32250

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)