

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90010 043 ***160.00

DOCUMENT # P98000087228

1. Corporation Name

SO GOOD ENTERPRISES, INC.



Principal Place of Business

**4044 PARK ST. N.
ST. PETERSBURG FL 33710**

33709

Mailing Address

**4044 PARK ST. N.
ST. PETERSBURG FL 33710**

*619-5944 AVE.
St. Pete, Fla. 33706*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1998

4. FEI Number

59-3537345

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.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**KOULOUVARIS, MARIA
4044 PARK ST. N.
ST. PETERSBURG FL 33710**

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 **PDS** ☐ DELETE
NAME **KOULOUVARIS, MARIA**
STREET ADDRESS **4044 PARK ST. N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **VD** ☐ DELETE
NAME **KOULOUVARIS, PANOS**
STREET ADDRESS **4044 PARK ST. N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **T** ☐ DELETE
NAME **REPAS, HARRY**
STREET ADDRESS **4044 PARK ST. N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

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
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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P98000087228
L603020-90060-43

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302 -1500

8/1/99

Dear Sir :

I received this second notice in the mail recently , much to my surprise stating that I was late in filing my annual report . We have been incorporated and in business since November 1998 . I never received the original form which was required to be completed . This could possibly be due to an inaccurate mailing address for my corporation I would like to inform you of our correct mailing address . SO GOOD ENTERPRISES , INC . 619 - 59 th Ave . St. Pete Beach , Florida 33706 . Upon receiving this second notice I phoned your office and was instructed to send this letter along with my payment of \$ 160 .00 . I appreciate your help in resolving this issue and I apologize for any inconvenience .

Sincerely ,



Maria Koulouvaris
President - So Good Enterprises