

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V21241

(7)

1. Corporation Name

GOOD CONNECTIONS, INC.

Principal Place of Business

1305 EAST VINE STREET
KISSIMMEE FL 34744
US

Mailing Address

P.O. BOX 450003
KISSIMMEE FL 34745-0003

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/12/1992

3a. Date of Last Report

06/28/1994

4. FEI Number

59-3126129

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 has liability for intangible tax under S. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

PEARCE, ANTHONY
14507 AMACA CT.
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

PEARCE, DEBORAH

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

2603 HERON LANDING CT

83

84 City

ORLANDO

FL

85 Zip Code

32837

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, if applicable

(NOTE: Registered Agent signature required when registering)

4-21-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEARCE, ANTHONY J.
STREET ADDRESS	14507 AMACA CT.
CITY - ST - ZIP	ORLANDO FL
TITLE	V
NAME	PEARCE, DEBORAH
STREET ADDRESS	14507 AMACA CT.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	☒ Change ☐ Addition
1.2 NAME	PEARCE, DEBORAH	
1.3 STREET ADDRESS	2603 HERON LANDING CT	
1.4 CITY - ST - ZIP	ORLANDO, FL 32837	
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 do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95 (107)932
Sooo