FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
MAY 1 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K98445** **(5)**

1. Corporate Name

A GOLDEN GATE RENT-ALL & SALES INC.

Principal Place of Business	Mailing Address
1660 40TH TERRACE SW NAPLES FL 33999-6012	1660 40TH TERRACE SW NAPLES FL 33999-6012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1989	3a. Date of Last Report: 08/26/1994
4. FEI Number: 65-0140750	☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

COLETTA, JAMES N
3460 17TH AVE SW
NAPLES FL 33964

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 Section 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

(If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent, Registered Agent must print name here.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	PSV	11 TITLE	☐ Change ☐ Addition
02 NAME	COLETTA, JAMES	12 NAME	
03 STREET ADDRESS	3460 17TH AVE SW	13 STREET ADDRESS	
04 CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	
05 TITLE	T	21 TITLE	☐ Change ☐ Addition
06 NAME	COLETTA, JAMES	22 NAME	
07 STREET ADDRESS	3460 17TH AVE SW	23 STREET ADDRESS	
08 CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
25 TITLE		61 TITLE	☐ Change ☐ Addition
26 NAME		62 NAME	
27 STREET ADDRESS		63 STREET ADDRESS	
28 CITY ST ZIP		64 CITY ST ZIP	

SIGN HERE

14. I do hereby certify that the information supplied with this filing is true and accurate, 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] 5-1-95

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

0332348 CP