FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 05 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)J25046 GOOD RENTALS, INC. Principal Place of Business Maiting Address 1420 8 MISSOURI AVE 2539 SEVEN SPRINGS BLVD. NEW PORT RICHEY FL 34655 **CLEARWATER FL 34616** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2718463 21 26 Not Applicable Suite, Apt. #, etc. Suite Ant. #. efc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **RONDA GOOD** 2539 SEVEN SPRINGS BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34655** 83 84 City 65 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change GOOD, RONDA NAME 12 NAME **5729 SWEET CHERRY LANE** STREET ADDRESS 1.3 STREET ADDRESS LAND O LAKES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 21 TITLE **GOOD. STEVE** NAME 22 NAME 2259 BELLEAIR RD. STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE Change 31 TITLE GOOD, LARRY NAME 3.2 NAME 2088 VALENCIA STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE Change 4.1 TITLE JOHNSON, ROBERT E NAME 4 2 NAME **5729 SWEET CHERRY LANE** STREET ADDRESS 4.3 STREET ADDRESS LAND O LAKES FL CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME

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14. Thereby 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 suppliemental a final 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 receipts or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 tychanged, or or lim altagration with an address.

SIGNATURE:

SIGNAT

5.3 STREET ADDRESS

63 STREET ADDRESS 6.4 CITY-ST-7IP

5.4 CITY - ST - ZIP

6.1 TITLE

62 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME