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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:10

DOCUMENT # K70152 (9)

1. Corporation Name
NICKLE & DIME PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O GOODMAN, BREEN & LILE 3033 RIVIERA DRIVE, SUITE 106 NAPLES FL 33940	C/O GOODMAN, BREEN & LILE 3033 RIVIERA DRIVE, SUITE 106 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/03/1989
3a. Date of Last Report: 04/28/1994

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

4. FEI Number: 65-0132942 ☐ 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

9. Name and Address of Current Registered Agent

GOODMAN, KENNETH D.
3033 RIVIERA DRIVE, SUITE 106
NAPLES FL 33940

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 (Typed or printed name of registered agent and title if applicable) (Registered Agent's signature required when changing) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DVP BROWER, MICHAEL 5090 - 6TH AVE., S.W. NAPLES FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DS GOODMAN, KENNETH D. 6622 NEW HAVEN CIRCLE NAPLES FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D ~~HERRON, J.D.~~ ~~1910 39TH STREET, SW~~ ~~NAPLES FL~~	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☒ Change ☐ Addition Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DT OSBORNE, LARRY D. 5061 8TH AVE, SW NAPLES FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DP TALBOTT, PATRICK E. 5471 8TH AVE, SW NAPLES FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DVP MCDONALD, LARRY 2821 68TH STREET S.W. NAPLES FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Larry D. OSBORNE 3/9/95 (813) 263-4455
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (Date) (Daytime Phone #)

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