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
[illegible] 1:33
[illegible] TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L55782** **(1)**

1. Corporation Name
SUNSHINE RENTALS COMPANY

Principal Place of Business	Mailing Address
% ROBERT F. SETTLE 2920 E. ROBINSON ST. ORLANDO FL 32803	% ROBERT F. SETTLE 2920 E. ROBINSON ST. ORLANDO FL 32803

3. Date Incorporated or Qualified: **03/08/1990**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3012729** ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SETTLE, ROBERT F.
2920 E. ROBINSON ST.
ORLANDO FL 32803

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 ______ DATE ______

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SETTLE, ROBERT F.
STREET ADDRESS	2920 E. ROBINSON ST
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	☐ Change ☐ Addition
1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP	
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	

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 the 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] ROBERT F. SETTLE 4/27/95 (407) 894-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064745 CP