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 AND FILED

'95 APR 28 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000009091 (9)**

1. Corporation Name

FIFTH AND GOODLETTE RENTAL INCOME, INC.

Principal Place of Business	Mailing Address
3936 TAMIAMI TRAIL NORTH SUITE D NAPLES FL 33940 US	3936 TAMIAMI TRAIL NORTH SUITE D NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1992
3a. Date of Last Report: 04/12/1994

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 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0383929 ☐ 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

VOGEL, R M
3936 TAMIAMI TRAIL NORTH
SUITE B
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE		☐ Change ☐ Addition
NAME	VOGEL, R M	1.2 NAME		
STREET ADDRESS	3936 TAMIAMI TRAIL NORTH, SUITE B	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, THOMAS K	2.2 NAME		
STREET ADDRESS	15500 WAYZATA BLVD., SUITE 1020 - 1000 BDG	2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, JOSEPHINE B	3.2 NAME		
STREET ADDRESS	15500 WAYZATA BLVD., SUITE 1020 - 1000 BDG	3.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN 55391	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	VOGEL, PATRICIA A	4.2 NAME		
STREET ADDRESS	2030 GORDON DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	HASTY, ANN	5.2 NAME		
STREET ADDRESS	3300 BINNACLE DR., #202	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is authorized 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, added or deleted.

SIGNATURE: R M Vogel 4/23/95 813-262-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

R.M. VOGEL, PRESIDENT

0937004 CP