FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000013511 (8)

L. Corporation Name

MONTHLY INCOME PROPERTIES, INC.

SIGNATURE: SIGNATURE AND TYPE

Ffrincipal Place of Business Mailing Address								
7979 SAILBOAT ST PETERSBUI	T KEY BLVD #601 RG FL 33707	7979 SAILBOAT KEY E ST PETERSBURG FL 3						
				3. Date Incorporated or Qualified 02/17/1994	3a. Date o 03/2	of Last Re 27/199	• •	
t. Principal Place of Business		2a. Mailing Address 26	2a. Mailing Address 26		4. FEI Number 59-3224279	279 Applied For Not Applicab		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
3] <i>Z</i> ıp	Country	Zip	Coun	itry	8. This corporation has liability for i	ntangible tax		
4	25	29	30			□ No		
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered A	gent	
			[1	81 Name				
WADDLE, JAMES P				82 Street Addr	ess (P.O. Box Number is Not Acceptab	ie)		
	LBOAT KEY BLVD #601 RSBURG FL 33707		-	83				
				B4 City		FL	B5 Zip	p Code
					ration submits this statement for the pur			ranistarad office
SIGNATURE _	Signature specified or political name of registered as OFFICERS A	AND DIRECTORS	13.	Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFF			DRS IN 12
TITLE	0	☐ DELETE	1, 1 Ti7	ILE			Change	☐ Adollion
VAM?	WADDLE, JAMES P	4004	1 2 NA					
STREET ADDRESS	7979 SAILBOAT KEY BLVD		13 ST	REET ADDRESS				
HY-ST ZP	ST PETERSBURG FL 33707			Y-ST-ZIP			Change	Addition
IT1F		☐ DELETE	2. 1 Ti			اسا	Glianige	☐ voincon
1AME			2 2 NA					
STHEET ADDRESS				REET ADDRESS				
OTY - \$1 - ZIP		DELETE	2 4 CH	TLE		F	Change	Addition
TILLE			3 2 NA			_	•	
NAME SUBERT ADDRESS				REET ADDRESS				
CITY-ST-ZIP				Y-S1-ZIP				
Talef		☐ DELETE	4 1 Ti) Change	Addition
NAME			4.2 NA	ME				
STHEE! ADDRESS			4.3 \$1	REET ADDRESS				
CHTY-ST-ZIP			4.4 CI	TY-ST-ZIP				
lilef		☐ DELE1E	5 1 TI	TLE] Change	Addition
NAM t			5 2 NA	IME				
STREET ADDRESS			5351	REET ADDRESS				
CHY-S1-7IP		FT DELET		TY-ST-ZIP] Change	Addition
THE		☐ DELETE	6 1 TI			L	1 manas	☐ vonition
NAME			62 NA					
STREET ADDRESS				REET ADORESS				
City-St-ZiP	and further the information of the	ad with this files is valuated to	rniehod and	TY-ST-ZIP	for the exemption stated in Section 119	.07(3)(k) Flor	ida Stah	ites. I further
certify that oath: that		innual report or supplemental ar irporation or the receiver or trus	nnual report k tec e mpower	s true and accur red to execute th	ate and that my signature shall have the his report as required by Chapter 607, F	lorida Statute	is; and th	nat my name

JAMES P. WADDLE, PRESENT 2/28/14 (813) 367-7076