

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0552782

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90035 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 361143
 1. Corporation Name
U-HAUL CO. OF FLORIDA

Principal Place of Business 2727 N CENTRAL AVE PHOENIX AZ 85004	Mailing Address 2727 N CENTRAL AVE PHOENIX AZ 85004
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DO NOT WRITE IN THIS SPACE

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
Country 29	Zip 30

3. Date Incorporated or Qualified 03/16/1970	Applied For Not Applicable
4. FEI Number 59-1286753	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD - VP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODNEY BALDWIN	1.2 NAME	Jorge Fernandez
STREET ADDRESS	2311 N 18TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENTZ, JOHN A.	2.2 NAME	Celeste Orr
STREET ADDRESS	2311 N 18TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINEFELTER, GARY V. ---	3.2 NAME	George R. Olds
STREET ADDRESS	2721 N CENTRAL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGYAR, BOB	4.2 NAME	Rip DeFelice
STREET ADDRESS	2311 NORTH 18TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	TR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS ROSS	5.2 NAME	Donald Wm. Murney
STREET ADDRESS	2311 NORTH 18TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAU, FRANCISCO	6.2 NAME	Bob Magyar
STREET ADDRESS	2311 NORTH 18TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I hereby 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 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, with all other like empowered.

SIGNATURE: John A. Lorentz Date: 1/11/99 (602) 263-6645
 JOHN A. LORENTZ, ASSISTANT SECRETARY Daytime Phone #

CR2E034 (11/98)