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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G65641**

1. Corporation Name

CONTROL STORAGE, INC.

Principal Place of Business Mailing Address								
6720 S TAMIAMI TRAIL 1999 LINCOLN DR								
SARASOTA FL 34231 202							DO NOT WRITE IN THIS SPACE	
US			SARASOTA FL 34236 US				3. Date Incorporated or Qualifed	
		US	•				• · ·	
							10/19/1983 4. FEI Number Applied For	
2. Principal Place of Business			2a. Mailing Address					
21			26				59-2343480 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	
22	27							1 -
City & State	City & State					6. Election Campaign Financing \$5.00 May 80 Trust Fund Contribution Added to Fees		
23		28					Trust y and Contribution	
Zip	Country	_	Zip	Country			8. This corporation owes the current year Intangible	
24	25 29 30			30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent	l
Name and Address of Current Registered Agent					81	Name	10. Name and Address of New Registered Agent	l
CHOICEOPHED I COFFIN					۱۵۱	Name		l
CHRISTOPHER J COFFIN				82 Street Address (P.O. Box Number is Not Acceptable)			ı	
1999 LINCOLN DR							· · · · · · · · · · · · · · · · · · ·	ł
SUITE 202				83		<u>†</u>	l	
SARASOTA FL 34236				84 City FL 85 Zip Code			l	
				- 41				l
l office or re	to the provisions of Sections 607.t egistered agent, or both, in the St m familiar with, and accept the ob	ata of Fiori	da. Such change was au	monzec	י אט ג	ule colporau	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	O and a single constant	poont and title	if applicable (NOTE:	Registered	Agen	nt signature require	ed when reinstating) DATE	≂
Signature, typed or printed harrie or registered agent and				13.	3-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		1/08)
TITLE DP		AND DIV	20.0.0		1 TITLE		☐ Change ☐ Addition] =
NAME	COFFIN, CHRISTOPHER J.		1.2 N	1.2 NAME			ı	
				1.3 S	1.3 STREET ADDRESS			F034
CITY-ST-ZIP	OUR LOOK I			1.4 CI	1.4 CITY-ST-ZIP			ြို့
TITLE				2.1 TI	TLE		☐ Change ☐ Addition	
NAME 22 N			AME					
STREET ADDRESS				2.3 S	TREE	TADDRESS		

2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4 1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

DELETE

DELETE

6.4 CITY-ST-ZIP CITY-ST-ZIP spoplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental amulal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in any stack prefit with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report of sofficer or director of the corporation Block 12 or Block 13 if changes.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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Daytime Phone #

Feb 19, 1999 8:00 am

Secretary of State

02-19-1999 90073 023 ***150.00

Change

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