

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 26 AM 10:46

DOCUMENT # **J86207** (4)

1. Corporation Name  
**STORAGE CENTER OF DEEP CREEK, INC.**

Principal Place of Business	Mailing Address
1145 CARRICORN BLVD PUNTA GORDA FL 33952 US	C/O WILLIAM LM MURRAY 630 WOODBURY DR. PT. CHARLOTTE FL 33954

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/10/1987</b>		3a. Date of Last Report <b>06/23/1994</b>	
4. FEI Number <b>59-2840006</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MURRAY, WILLIAM L. 630 WOODBURY DR. PT. CHARLOTTE FL 33954				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			
				B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROMADES, CARROLL F.	1.2 NAME	
STREET ADDRESS	630 WOODBURY DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PT. CHARLOTTE FL	1.4 CITY - ST - ZIP	
TITLE	TSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPALIAN, H. CHARLES	2.2 NAME	
STREET ADDRESS	3259 ANTIGUA DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, WILLIAM	3.2 NAME	
STREET ADDRESS	630 WOODBURY DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PT. CHARLOTTE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRAGLIA, STEPHEN	4.2 NAME	
STREET ADDRESS	791 DANDO STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	PT. CHARLOTTE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRAGLIA, JOSPEH	5.2 NAME	
STREET ADDRESS	3614 PALM DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSON, JOHN A.	6.2 NAME	
STREET ADDRESS	85 JEFFERSON BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	WARWICK, RI	6.4 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 110.07(3)(k), 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 an officer of the corporation with an address.

SIGNATURE: \_\_\_\_\_ DATE: **5/23/95** (Typed Name of Signing Officer or Director) **813-627-3366** (Telephone No.)