FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (9)K80858 MBR STORAGE INCORPORATED Principal Place of Business Mailing Address 5051 41ST STREET P.O. BOX 1089 VERO BEACH FL 32961 VERO BEACH FL 32961 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/17/1989 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 65-0175386 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GEARY, ROBERT J. JR. 6655 53RD STREET Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32967 83 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition ___ DELETE 1.1 TITLE Change TITLE GEARY, ROBERT J. JR. NAME 1.2 NAME STREET ADDRESS 6655 53RD STREET 1.3 STREET ADDRESS VERO BEACH FL CITY - ST - ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE GEARY, EDWARD J. NAME 2.2 NAME 9110 MASSEY ROAD 2.3 STREET ADDRESS STREET ADDRESS WABASSO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE _ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME

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 changes or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

MISSES REQUIRED

DELETE

1/19/98

Change

Addition