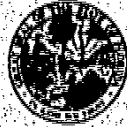


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **S10196** (1)

95 JUL 19 AM 10:06

1. Corporation Name  
**SELF-STOR CENTRAL PARKWAY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**310 W CENTRAL PKEY  
#7000  
ALTAMONTE SPRINGS FL 32714  
US**      **310 W CENTRAL PKEY  
#7000  
ALTAMONTE SPRINGS FL 32714  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/01/1990**      **05/01/1994**

2. Principal Place of Business      2a. Mailing Address  
21      25

4. FEI Number      Applied For  
**59-3033956**      Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27

5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**

City & State      City & State  
23      28

6. Election Campaign Financing  
Trust Fund Contribution            **\$5.00 May Be  
Added to Fees**

Zip      Country      Zip      Country  
24      25      29      30

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIKKELSON, WM MICHAEL  
310 W. CENTRAL PKWY  
ALTAMONTE SPRINGS FL 32714**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MIKKELSON, W. MICHAEL</b>
STREET ADDRESS	<b>310 W. CENTRAL PKWY</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>MIKKELSON, WILLIAM L.</b>
STREET ADDRESS	<b>310 W. CENTRAL PKWY</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>MIKKELSON, MELISSA R.</b>
STREET ADDRESS	<b>310 W. CENTRAL PKWY</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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 on an attachment with an address.

SIGNATURE: *Wm. Michael Mickelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**Wm. Michael Mickelson**

**6/29/95**      **407-774-8848**  
DATE      TELEPHONE #