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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **S10196** **(1)**

1. Corporate Name
CENTRAL PARKWAY STORAGE, INC.

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

Mailing Address
310 W CENTRAL PKWY
#7000
ALTAMONTE SPRINGS FL 32714-2424
US

3. Date Incorporated or Qualified: **11/01/1990**
3a. Date of Last Report: **05/01/1996**

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

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

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip / Country
29 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Section 607.0502, 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

12. OFFICER/DIRECTOR

D
MIKKELSON, W. MICHAEL
310 W. CENTRAL PKWY., STE. 7000
ALTAMONTE SPRINGS FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

CR2E034 (9/96)

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 report or supplemental attached report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 added above or on an attachment with an address.

SIGNATURE: Wm Michael Mikkelson 2/20/97 407-774-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #