

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V05203

1. Corporation Name

## FILED Jan 23, 1999 8:00 am Secretary of State

01-23-1999 90012 011 \*\*\*150.00

MINI STORAGE NORTH, INC.							L BABAL BIBIL BABAL BIR	NA
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Principal Place	e of Business	Mailing Address		-		1981  Qirail Dain# Bill#   1981  auf## (11	W	)) BIB)( B(B() 184)
4720 AVENUE B 4720 AVENUE B								
ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095						DO NOT WIDITE IN	THE SEASE	
					-	DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE	
					İ	01/06/1992		
D D   D	to a of Durings	2a, Mailing Address				4. FEI Number		Applied For
						59-3104668		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				_		Additional
22	w, dio.	27				5. Certificate of Status Desired	Fee	Required
City & State	e	City & State		J <del> </del>		6. Election Campaign Financing	\$5.0	0 May Be
23		28			1	Trust Fund Contribution		d to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current y	ear Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Regis	tered Agent	
			\8	Name				ì
DAVIS, JOANNE 4720 AVENUE B				32 Street	Address	s (P.O. Box Number is Not Acceptable)		
								3.0 3.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
SI.	AUGUSTINE FL 32095		8	33				
į			1	B4 City			(95 7)	p Code
					_		+L	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statute	s, the abo	ove-named	corpora	ation submits this statement for the purp	ose of changing appointment as	its registered
				hy the corn				
office or n	im familiar with, and accept the oblige	etions of, Section 607.0505, Flori	utnorized i ida Statut	by the corp es.	ooration	s board of directors. Thereby accept the		7
agent. I a	im ramiliar with, and accept the obliga	Course of Section 607.0305, 11011	ioa Statut	<b>6</b> 3.			1-6-99	; 
office of nagent. I a	Signature: Whed or printed name of registered age	ent and title if applicable. (NOTE:	Registered A	<b>6</b> 3.		hen reinstating) បី	<i> -6-99</i> <sup>ATE</sup>	<del>"</del>
SIGNATURE	Signature: typed or printed name of registered age OFFICERS AN	and title if applicable. (NOTE:	Registered A	gent signature			ATE RS AND DIREC	7 TORS IN 12
SIGNATURE  12.	Signature: The or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE:	Registered A  13.	gent signature		hen reinstating) បី	<i> -6-99</i> <sup>ATE</sup>	7 TORS IN 12
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

904-879-3307 Daytime Phone #

RZE034 (11/98)