

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90115 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P35278**

1. Corporation Name

**AMERCO REAL ESTATE COMPANY**



Principal Place of Business  
**2721 N. CENTRAL AVENUE  
PHOENIX AZ 85004**

Mailing Address  
**2721 N. CENTRAL AVENUE  
PHOENIX AZ 85004**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/27/1991**

4. FEI Number

**88-0210399**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AS	<input type="checkbox"/> DELETE
NAME	LORENTZ, JOHN A	
STREET ADDRESS	2721 NO CENTRAL AVE	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<del>SHOEN, MARK F</del> =====	
STREET ADDRESS	2727 N. CENTRAL AVENUE	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<del>SHOEN, PAUL F</del> =====	
STREET ADDRESS	2727 N. CENTRAL AVENUE	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<del>SHOEN, JAMES P</del> =====	
STREET ADDRESS	2727 N. CENTRAL AVENUE	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	P / D	<input type="checkbox"/> DELETE
NAME	BAYER, CHARLES J.	
STREET ADDRESS	2727 N. CENTRAL AVENUE	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KLINFELTER, GARY V.	
STREET ADDRESS	2727 N. CENTRAL AVENUE	
CITY-ST-ZIP	PHOENIX AZ	

1.1 TITLE	Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gary B. Horton	
1.3 STREET ADDRESS	2721 N. Central Ave.	
1.4 CITY-ST-ZIP	Phoenix, AZ 85004	
2.1 TITLE	Asst. Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rocky D. Wardrip	
2.3 STREET ADDRESS	2721 N. Central Avenue	
2.4 CITY-ST-ZIP	Phoenix, AZ 85004	
3.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Aubrey K. Johnson	
3.3 STREET ADDRESS	2721 N. Central Avenue	
3.4 CITY-ST-ZIP	Phoenix, AZ 85004	
4.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John M. Dodds	
4.3 STREET ADDRESS	2721 N. Central Avenue	
4.4 CITY-ST-ZIP	Phoenix, Arizona 85004	
5.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gary B. Horton	
5.3 STREET ADDRESS	2721 N. Central Avenue	
5.4 CITY-ST-ZIP	Phoenix, AZ 85004	
6.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	William Carty	
6.3 STREET ADDRESS	2721 N. Central Avenue	
6.4 CITY-ST-ZIP	Phoenix, AZ 85004	

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:

2/5/99

602-263-6195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

183420-90115-7  
P35278

ADDITIONAL DIRECTORS

Edward J. Shoen  
2721 N. Central Avenue  
Phoenix, Arizona 85004