

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 489690

1. Corporation Name

AARONS BONDED STORAGE, INC.

Principal Place of Business

2100 CALUMET ST
CLEARWATER FL 34625

Mailing Address

2100 CALUMET ST
CLEARWATER FL 33765
US

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90066 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1975

4. FEI Number

59-1683592

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 80 ROGERS ST.

Suite, Apt. #, etc.

27 APT. 9A

City & State

28 CLEARWATER, FL

Zip Country

29 33756 30 USA

9. Name and Address of Current Registered Agent

SEITER, THOMAS R.
2100 CALUMET STREET
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name NO CHANGE

82 Street Address (P.O. Box Number is Not Acceptable)

80 ROGERS ST., 9A

83

84 City CLEARWATER

FL

85 Zip Code 33756

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

Thomas R. Seiter

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/99

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME SEITER, THOMAS R
STREET ADDRESS 1200 CLAYS TRAIL
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PSD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

SEITER, THOMAS R ☒ Change ☐ Addition

80 ROGERS ST., 9A

CLEARWATER, FL 33756

☐ Change ☐ Addition

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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:

Thomas R. Seiter THOMAS R SEITER

1/21/99

727/441-0406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)