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1997 APR 30 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 491586

(4)

1. Corporation Name

MINI-MAXI STORAGE, INC.

Principal Place of Business

1406 K CAPITAL CIRCLE, NE
TALLAHASSEE FL 32308

Mailing Address

1406 K CAPITAL CIRCLE, NE
TALLAHASSEE FL 32308-6280

3. Date Incorporated or Qualified

11/25/1975

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1744526

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 32308-6280

9. Name and Address of Current Registered Agent

MOORE, DEVOE L.
1406 K CAPITAL CIRCLE, NE
TALLAHASSEE FL 32308-6280

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

32308-6280

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MOORE, DEVOE L.	4352 MAYLOR RD.	TALLAHASSEE FL	<input type="checkbox"/>
T	MOORE, SHIRLEY MCEWAN	4352 MAYLOR RD.	TALLAHASSEE FL	<input type="checkbox"/>
V	HOUGH, SIDNEY P., SR.	1406 A CAPITAL CIRCLE NE	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1.1				<input type="checkbox"/>
1.2				<input type="checkbox"/>
1.3				<input type="checkbox"/>
1.4				<input type="checkbox"/>
2.1				<input type="checkbox"/>
2.2				<input type="checkbox"/>
2.3				<input type="checkbox"/>
2.4				<input type="checkbox"/>
3.1				<input type="checkbox"/>
3.2				<input type="checkbox"/>
3.3				<input type="checkbox"/>
3.4				<input type="checkbox"/>
4.1				<input type="checkbox"/>
4.2				<input type="checkbox"/>
4.3				<input type="checkbox"/>
4.4				<input type="checkbox"/>
5.1				<input type="checkbox"/>
5.2				<input type="checkbox"/>
5.3				<input type="checkbox"/>
5.4				<input type="checkbox"/>
6.1				<input type="checkbox"/>
6.2				<input type="checkbox"/>
6.3				<input type="checkbox"/>
6.4				<input type="checkbox"/>

14. I do 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.

SIGNATURE:

SHIRLEY MCEWAN MOORE 430-97 (800) 656-6211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0614037

CR2E034 (9/96)