

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **621913** (3)

1. Corporation Name
MINI-WAREHOUSE, INC.



Principal Place of Business
**2307 CENTRAL AVE
ST PETERSBURG FL 33713
US**

Mailing Address
**2307 CENTAL AVE
ST PETERSBURG FL 33713
US**

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

3. Date Incorporated or Qualified
05/16/1979

3a. Date of Last Report
08/10/1995

4. FEI Number
59-1934128

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

9. Name and Address of Current Registered Agent
**GUGLIUZZA, JANET M
2307 CENTRAL AVENUE
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent
81 Name **w. michael DAUGHTRY**
82 Street Address (P.O. Box Number is Not Acceptable)
180 95 Ave.
83
84 City **Treasure Island** 85 Zip Code **FL 33706**

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 607.0508, Florida Statutes.

SIGNATURE *[Signature]* **w. michael DAUGHTRY VTSD** 2/5/96
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, SIDNEY A	
STREET ADDRESS	2307 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DAUGHTRY, MICHAEL	
STREET ADDRESS	23307 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUGLIUZZA, JANET M	
STREET ADDRESS	2307 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VTSD
2.3 STREET ADDRESS	DAUGHTRY, w. michael
2.4 CITY-ST-ZIP	2307 Central Ave. St. Petersburg, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **w. michael DAUGHTRY, V.P.** 2/5/96 (813)
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)