

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
BARBARA H. MATHIAS
Secretary of State
DIVISION OF CONSTITUTIONS

DOCUMENT # 762762 (3)
BENNETT STORAGE CONDOMINIUM ASSOCIATION, INC.

APPROVED
AND
FILED
95 MAY 31 PM 3:21

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
3245 COURTNEY BLVD MERRITT ISLAND FL 32953		CMC 2701 HWY 63 N COLUMBIA FL 32502	
2. Principal Place of Business		26. Mailing Address	
21	3245 N. Courtney Blvd	25	Storage Trust
Suite Apt # etc		Suite Apt # etc	
22		27	PO Box 459
City & State		City & State	
23	Merritt Island, FL	28	Columbia, MO
Zip		Zip	
24	32953	29	65205
25	Merritt Island	30	1

3. Date Incorporated or Qualified 04/06/1982	3a. Date of Last Report 03/30/1994		
4. FEI Number 59-2287818	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired ☐	\$6.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees		
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required		
8. This corporation has liability for intangible tax under § 189.032, Florida Statutes. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

VON THRON, JOSEPH C.
529 SOUTH ATLANTIC AVENUE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent		
(P.O. Box Number is Not Acceptable)		
FL 05		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 _____

12. OFFICERS AND DIRECTORS			13. ATTORNEYS (CHANGE TO OFFER TO, AND DIRECTOR IN 12)		
101 TITLE	VD	Ruth Lovell	11 TITLE	President	☒ Change ☐ Addition
102 NAME	VON THRON, JOSEPH C.	4416 Neptune St	12 NAME		
103 STREET ADDRESS	529 S. ATLANTIC AVE.	Tampa, FL 33629	13 STREET ADDRESS		
104 CITY, ST, ZIP	COCOA BEACH FL		14 CITY, ST, ZIP		
105 TITLE	ST	Gary McCaffrey	21 TITLE	500001-884211	☒ Change ☐ Addition
106 NAME	VON THRON, JANE T.	1680 E. Raindance Way	22 NAME	-05/02/95--01020--006	
107 STREET ADDRESS	529 S ATLANTIC AVENUE	Las Vegas, NV 89109	23 STREET ADDRESS	****130.00 ****130.00	
108 CITY, ST, ZIP	COCOA BEACH FL		24 CITY, ST, ZIP		
109 TITLE	VD	Tuy Is	31 TITLE	VD	☒ Change ☐ Addition
110 NAME	SIGRARTSEN, HERBERT	PO Box 1675	32 NAME		
111 STREET ADDRESS	BOX 1571 N/A	Islamorada, FL 33060	33 STREET ADDRESS		
112 CITY, ST, ZIP	MERRITT ISLAND FL		34 CITY, ST, ZIP		
113 TITLE	VD		41 TITLE	VD	☒ Change ☐ Addition
114 NAME	BURNAM, MICHAEL G		42 NAME		
115 STREET ADDRESS	1020 BOURNE ST		43 STREET ADDRESS		
116 CITY, ST, ZIP	COLUMBIA MO 65203		44 CITY, ST, ZIP		
117 TITLE			51 TITLE		☐ Change ☐ Addition
118 NAME			52 NAME		
119 STREET ADDRESS			53 STREET ADDRESS		
120 CITY, ST, ZIP			54 CITY, ST, ZIP		
121 TITLE			61 TITLE		☐ Change ☐ Addition
122 NAME			62 NAME		
123 STREET ADDRESS			63 STREET ADDRESS		
124 CITY, ST, ZIP			64 CITY, ST, ZIP		

REMITTED BY MAY 1

10. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (3)(3)(k), Florida Statutes. I further certify that the information submitted on this annual report or supplemental period 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 liquidator thereof; and that my signature is required by Chapter 617, Florida Statutes; and that my name appears in Block 32 or Block 33 of changes, or in an attachment with the address.

SIGNATURE: 3/4-449.4799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CLERK

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