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FILED

Sep 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000001064 (5)

1. Corporation Name

G & A SELF STORAGE CORPORATION



Principal Place of Business

424 CHURCH STREET  
SUITE 1200  
NASHVILLE TN 37219  
US

Mailing Address

P. O. BOX 198409  
NASHVILLE TN 37219-8409  
US

2. Principal Place of Business

21 9350 Cumberland Circle

Suite, Apt. #, etc.

22 Suite 1500

City & State

23 Atlanta, GA

Zip

24 30339

Country

25 USA

2a. Mailing Address

26 same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/25/1993

3a. Date of Last Report

08/21/1996

4. FEI Number

95-3527019

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 has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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

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 ☐ DELETE

NAME DC  
SCHARFENBERG, HARALD VON  
STREET ADDRESS 424 CHURCH STREET, SUITE 1200  
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

NAME DPT  
HIMELRICK, JAMES E JR.  
STREET ADDRESS 424 CHURCH ST., SUITE 1200  
CITY-ST-ZIP NASHVILLE TN

TITLE ☒ DELETE

NAME S  
SCOTT, BERNADETTE J  
STREET ADDRESS 424 CHURCH ST., SUITE 1200  
CITY-ST-ZIP NASHVILLE TN

TITLE ☒ DELETE

NAME T  
STARLING, JOHN I  
STREET ADDRESS 424 CHURCH ST., SUITE 1200  
CITY-ST-ZIP NASHVILLE TN 37219

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Melanie Bunting

9-10-97 770-618-3500

CR2E034 (9/96)