

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90028 021 ***150.00

DOCUMENT # F93000001064

1. Corporation Name

G & A SELF STORAGE CORPORATION

Principal Place of Business

3350 CUMBERLAND CIR #1500
ATLANTA GA 30339
US

Mailing Address

3350 CUMBERLAND CIRCLE
SUITE 1500
ATLANTA GA 30339
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3350 RIVERWOOD PARKWAY

Suite, Apt. #, etc.

22 SUITE 1500

City & State

23 ATLANTA, GA

Zip Country

24 30339

25 USA

2a. Mailing Address

26 3350 RIVERWOOD PARKWAY

Suite, Apt. #, etc.

27 SUITE 1500

City & State

28 ATLANTA, GA

Zip Country

29 30339

30 USA

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 DC ☐ DELETE
NAME SCHARFENBERG, HARALD VON
STREET ADDRESS 3350 CUMBERLAND CIRCLE STE 1500
CITY-ST-ZIP ATLANTA GA 30339

TITLE DPT ☒ DELETE
NAME HIMELRICK, JAMES E JR.
STREET ADDRESS 3350 CUMBERLAND CIRCLE STE 1500
CITY-ST-ZIP ATLANTA GA 30339

TITLE ST ☐ DELETE
NAME BUNTING, MELANIE
STREET ADDRESS 3350 CUMBERLAND CIR #1500
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 3350 RIVERWOOD PARKWAY, STE 1500
1.4 CITY-ST-ZIP ATLANTA, GA 30339

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS ~~3350 RIVERWOOD PARKWAY, STE 1500~~
2.4 CITY-ST-ZIP ~~ATLANTA, GA 30339~~

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 3350 RIVERWOOD PARKWAY, STE 1500
3.4 CITY-ST-ZIP ATLANTA, GA 30339

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 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:

Melanie Bunting

MELANIE BUNTING

2.12.99

(770) 618-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)