

FILED

Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 25 1997 8:00am Secretary of State	
DOCUMENT # G65641 (4)					
1. Corporation Name CONTROL STORAGE, INC.		Principal Place of Business 6720 S TAMiami TRAIL SARASOTA FL 34231 US		Mailing Address 1999 LINCOLN DR 202 SARASOTA FL 34236-9120 US	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1983	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 05/09/1996	
22. City & State		27. City & State		4. FEI Number 59-2343480	
23. Zip		28. Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent CHRISTOPHER J COFFIN 1999 LINCOLN DR SUITE 202 SARASOTA FL 34236				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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
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 included 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, changed, or on an attachment with an address.					
SIGNATURE: _____ DATE: 3/20/97					

CR2E034 (9/96)