

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 # H20957 (7)

1. Corporation Name
LAKELAND STORAGE, INC.



Principal Place of Business

C/O EARL W. SHOMBER
4855 OLD HIGHWAY 37
LAKELAND FL 33813

Mailing Address

C/O EARL W. SHOMBER
4855 OLD HIGHWAY 37
LAKELAND FL 33813

3. Date Incorporated or Qualified
09/10/1984

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

4. FEI Number

59-2443493

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

SHOMBER, EARL W.
4855 OLD HIGHWAY 37
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name Jennifer Smith
82 Street Address (P.O. Box Number is Not Acceptable)
4855 Old Hwy 37
83
84 City Lakeland FL 85 Zip Code 33813

11. Pursuant to the provisions of Sections 607.0507 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]

(NOTE: Registered Agent signature required when re-registering)

DATE

4/28/96

12. OFFICERS AND DIRECTORS

TITLE
NAME PST
STREET ADDRESS SHOMBER, EARL W.
CITY - ST - ZIP 110 SHADOW LANE
LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Jennifer G. Smith ☐ Change ☐ Addition
1.3 STREET ADDRESS 607 Queens Loop N.
1.4 CITY - ST - ZIP Lakeland, FL 33803

2.1 TITLE S
2.2 NAME Susan E. Hodges ☐ Change ☐ Addition
2.3 STREET ADDRESS 4000 N. Combee Rd
2.4 CITY - ST - ZIP Lakeland, FL 33805

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
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 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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96

Date

941 644 1575

Daytime Phone #

CR2E034 (12/95)