

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gandra D. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # H21826 (3)

95 MAR 14 AM 8:09

1. Corporation Name:  
J & J STORAGE, INC.

Principal Place of Business

% MARY ROCKER  
684 MONTROSE ST  
CLERMONT FL 34711-2120

Mailing Address

% MARY ROCKER  
684 MONTROSE ST  
CLERMONT FL 34711-2120

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                     |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualifed<br>09/19/1984                                                                                                      | 3a. Date of Last Report<br>03/22/1994 |
| 4. FEI Number<br>59-2446595                                                                                                                         | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                           | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                  | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. State, Apt. #, etc.        | 26. State, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

9. Name and Address of Current Registered Agent

ROCKER, MARY  
684 MONTROSE ST  
CLERMONT FL 34711

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*Mary Rocker*

NOTE: Registered Agent signature required when registering.

DATE

| 12. OFFICERS AND DIRECTORS |                                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D<br>ROCKER, MARY<br>320 E. LAKESHORE DR<br>CLERMONT FL  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PD<br>ROCKER, JOHN<br>320 E. LAKESHORE DR<br>CLERMONT FL | 1.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                          | 1.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP              |                                                          | 1.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | D<br>COOPER, JAY<br>109 GREGORY STREET<br>CLEMSON SC     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                          | 2.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                          | 2.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP              |                                                          | 2.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                                          | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                          | 3.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                          | 3.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP              |                                                          | 3.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                                          | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                          | 4.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                          | 4.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP              |                                                          | 4.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                                          | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                          | 5.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                          | 5.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP              |                                                          | 5.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                                          | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                          | 6.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                          | 6.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP              |                                                          | 6.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I 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)(b), Florida Statutes. I further certify that the information submitted 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John L. Rocker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95 - 954-394-3570  
FILED