FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H21826 (3) J & J STORAGE, INC. Principal Place of Business Mailing Address **% MARY ROCKER** % MARY ROCKER 684 MONTROSE ST 684 MONTROSE ST DO NOT WRITE IN THIS SPACE CLERMONT FL 34711-2120 CLERMONT FL 34711-2120 3. Date incorporated or Qualified <u>09/19/1984</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-2446595 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State Crty & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROCKER, MARY **684 MONTROSE ST** Street Add **CLERMONT FL 34711** 8.3 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 opent, 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 agreet the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE TITLE 1.1 TITLE ROCKER, MARY 1.2 NAME NAME 320 E. LAKESHORE DR 1.3 STREET ADDRESS STREET ADDRESS **CLERMONT FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE TITLE 2.1 TITLE John L. Rocker, Jr. 22 NAME NAME ROCKER, JOHN 320 E. LAKESHORE DR 2.3 STREET ADDRESS STREET ADDRESS CLERMONT FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE COOPER, JAY 3.2 NAME NAME 109 GREGORY STREET 3.3 STREET ADDRESS STREET ADORESS **CLEMSON SC** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 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.

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

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DELETE

CR2E034 (10/9

Change

Addition