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

DOCUMENT # H46706

NAVARRE MINI STORAGE, INC.

Principal Place of Business	Mailing Address	
8124 NAVARRE PKWY	SCOTT HUFF	
NAVARRE FL 32566	142 BROOKS BLVD	
He.	DDENTON AL 20420	

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90084 033 ***150.00



Principal Place	e of Business	Mailing Address					1 0 0(1) 0(0) 0	/841 WINDLE WINELE W	1011 41011 1441
8124 NAVARRE		SCOTT HUFF							
NAVARRE FL 3		142 BROOKS BLVD				İ			
US		BRENTON AL 36426				DO NOT WRI	E IN THIS	SPACE	
		US				3. Date incorporated or Qualifed 03/12/1985			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Api	plied For
21 Nava	ne Storage	26 142 Bro	ωK1	Y	8107	74-2774790		No	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	dditional
22 812	4 Navarre PKwy	27				5. Certificate of Status Desired		Fee Re	quired
City & State	e 🕝 \	City & State	A	1		6. Election Campaign Financing		\$5.00	May Be
23 Na	varie Fl	28 bienton		1		Trust Fund Contribution		Added to	o Fees
Zip ~ (Country	Zip	Cou			8. This corporation owes the curre	ent year Inta		
24 525 G	25		30	<u>s</u>	canbe	Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered a	Agent	
List Co.	E COOTE			81	Name	•			. [
	F, SCOTT			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
· · · ·	NAVARRE PKWY								
NAV	AREE FL 32566			83					
				84	City			85 Zip C	ode
							<u>FL</u>	. []	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the a	bove	-named corp	poration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State om m familiar with, and accept the obligat	of Florida. Such change was all ions of, Section 607.0505, Flor	utnorized rida Stati	utes.	tne corporati	ion's board of directors. I hereby accep	it the appoin	mnem as reg	Jistered
		,							ĺ
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered	Agent	t signature require	ed when reinstating)	DATE		
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETE	1.1 111	TLE				Change	Addition
NAME	HUFF, SCOTT	·	1.2 NA	ME					ĺ
STREET ADDRESS	142 BROOKS BLVD		1.3 ST	REET	ADDRESS				}
CITY-ST-ZIP	BRENTON AL		1.4 CF	TY-ST	r-ZIP				
TITLE	SVT	☐ DELETE	2.1 TIT	īLΕ					Addition \
NAME	HUFF, CINDY							Change	
STREET ADDRESS	142 BROOKS BLVD		2.2 NA	AME				Change	
CITY-ST-ZIP	142 DROUNG DLYD				ADDRESS			☐ Change	
				REET				Change	
TITLE	BRENTON AL	☐ DELETE	2.3 ST	REET				☐ Change	Addition
		☐ DELETE	2.3 ST 2.4 C	reet <u>ITY-S</u> TLE			<u>-</u> -		
TITLE		☐ DELETE	2.3 ST 2.4 C 3.1 TN 3.2 NA	TREET TY-ST TLE NME			<u>-</u>		
TITLE NAME STREET ADDRESS		☐ DELETE	2.3 ST 2.4 C 3.1 TN 3.2 NA	TREET TY-SI TLE AME TREET	T-ZIP ADDRESS				
TITLE NAME		☐ DELETE	2.3 ST 2.4 C 3.1 TD 3.2 NA 3.3 ST	TREET TLE AME TREET TTY-ST	T-ZIP ADDRESS				
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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:

ME OF SIGNING OFFICER OR DIRECTOR

334-867-7597