FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J82559** **(2)**

1. Corporation Name
SOUTHERN STORAGE SYSTEMS, INC.

Principal Place of Business	Mailing Address
269 PARK AVENUE P.O. BOX 2097 LONGWOOD FL 32750	269 PARK AVENUE P.O. BOX 2097 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 _____
Suite, Apt. #, etc.
22 _____
City & State
23 _____
Zip 24 _____ Country 25 _____

2a. Mailing Address
26 _____
Suite, Apt. #, etc.
27 _____
City & State
28 _____
Zip 29 _____ Country 30 _____

3. Date Incorporated or Qualified: **07/07/1987**
3a. Date of Last Report: **04/14/1994**

4. FEI Number: **59-2821272** ☐ 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

COURSIN,JAMES ROBERT
269 PARK AVENUE
LONGWOOD FL 32752

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	COURSIN, MARK FREDERICK
STREET ADDRESS	1394 AYERSWOOD COURT
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	VP
NAME	COURSIN, JEFFREY J
STREET ADDRESS	2052 PALM VIEW DR
CITY-ST-ZIP	APOPKA FL
TITLE	ST
NAME	COURSIN, PATRICIA L
STREET ADDRESS	4114 SUGAR PALM TERR
CITY-ST-ZIP	OVIEDO FL
TITLE	C
NAME	COURSIN, JAMES R.
STREET ADDRESS	4114 SUGAR PALM TERR.
CITY-ST-ZIP	OVIEDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 1157 WINGED FOOT CIRCLE E. WINTER SPRINGS, FLORIDA 32708
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 1157 WINGED FOOT CIRCLE E. WINTER SPRINGS, FLORIDA 32708
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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.

SIGNATURE: Mark F. Coursin Mark F. Coursin 4/24/95 (407) 339-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER