

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

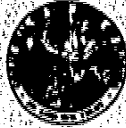
**APPROVED  
AND  
FILED**

**95 APR 17 PM 2:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # J15857 (2)**

**1. Corporation Name**  
**MARCO STORAGE CO., INC.**

**Principal Place of Business**      **Mailing Address**  
**940 CHALMERS DR.**      **940 CHALMERS DR.**  
**MARCO ISLAND FL 33937**      **MARCO ISLAND FL 33937**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
**05/21/1986**      **03/18/1994**

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
<b>21</b>		<b>26</b>		<b>59-2687169</b>		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		<b>6. Election Campaign Financing</b>		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		Trust Fund Contribution			
<b>23</b>		<b>28</b>		<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b>			
Zip	Country	Zip	Country	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>				

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>			
<b>ROACH, MICHAEL J.</b> <b>940 CHALMER DRIVE</b> <b>MARCO ISLAND FL 33937</b>				<b>81 Name</b>			
				<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>			
				<b>83</b>			
				<b>84 City</b>			
				<b>FL</b>	<b>85 Zip Code</b>		

**11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when re-registering)      **DATE** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>DP</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>WATSON, A.D.</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>940 CHALMERS DR.</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MARCO ISLAND FL</b>	<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>DS</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ROACH, MICHAEL J.</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>940 CHALMER DRIVE</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MARCO ISLAND FL</b>	<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>DV</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>STEGALL, CONNIE D</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>940 CHALMER DR</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MARCO ISLAND FO</b>	<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

**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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.**

**SIGNATURE:** *Michael J. Roach*      **MICHAEL J. ROACH**      **4/7/95**      **394-5900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Phone No)