

**ANNUAL REPORT  
1995**

George S. Mackinnon  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J23128 (8)**

1. Corporation Name  
**U-STORE-IT OF VOLUSIA COUNTY, INC.**

Principal Place of Business      Mailing Address  
**% G. LAURENCE BAGGETT  
523 NORTH HALIFAX AVENUE  
DAYTONA BEACH FL 32118-4017**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified      3a. Date of Last Report  
**07/09/1986**      **04/06/1994**

4. FEI Number      Applied For  
**59-2725131**       Not Applicable

5. Certificate of Status Deared       **\$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. 193.032, Florida Statutes       Yes       No

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

9. Name and Address of Current Registered Agent  
**BAGGETT, G. LAURENCE  
523 NORTH HALIFAX AVENUE  
DAYTONA BEACH FL 32018**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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, of 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: *G. Laurence Baggett*      **G. Laurence Baggett**      **4/26/95**  
By: Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when resigning)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PDS</b>
NAME	<b>BAGGETT, G. LAURENCE</b>
STREET ADDRESS	<b>10 RIVER DUNES DRIVE</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *G. Laurence Baggett*      **G. Laurence Baggett**      **4/26/95**      **(904) 255-1428**  
Signature and typed or printed name of signing officer or director      Date      Telephone #