

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

**APPROVED  
AND  
FILED**

**95 APR 19 AM 2:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # J39524 (0)**

1. Corporation Name

**ALL VARIETY MINI STORAGE, INC.**

Principal Place of Business

**6500 BEACH BLVD.  
JACKSONVILLE FL 32216**

Mailing Address

**6500 BEACH BLVD.  
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified

**10/27/1986**

3a. Date of Last Report

**04/28/1994**

4. FEI Number

**59-2914132**

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

**WATERS, DEAN W.  
6500 BEACH BLVD.  
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B4 City

**FL**

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, 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 (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>WATERS, DEAN W.</b>
STREET ADDRESS	<b>6204 RIVERA MANOR DR</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>DV</b>
NAME	<b>CARTER, JAMES L.</b>
STREET ADDRESS	<b>2730 COLLEGE ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>DV</b>
NAME	<b>DUDLEY, JOHNNY L.</b>
STREET ADDRESS	<b>6273 RIVULET RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>DV</b>
NAME	<b>MILLER, EARL B.</b>
STREET ADDRESS	<b>2060 HARTLEY RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>ST</b>
NAME	<b>WATERS, LEON V.</b>
STREET ADDRESS	<b>7348-4 POTTSBURG DR</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
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 included 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 member 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

**Leon V. Waters**

**4-12-95**

**(904) 725-6550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Within Florida)