

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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: **04/19/1995**  
4. FEI Number: **59-2914132**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.:  
City & State:  
Zip: Country:

**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**

8. 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 607.1504, 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: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>WATERS, DEAN W.</b>	
STREET ADDRESS	<b>6204 RIVIERA MANOR DR</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>CARTER, JAMES L.</b>	
STREET ADDRESS	<b>2730 COLLEGE ST</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>DUDLEY, JOHNNY L.</b>	
STREET ADDRESS	<b>6273 RIVULET RD</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, EARL B.</b>	
STREET ADDRESS	<b>2980 HARTLEY RD</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>WATERS, LEON V.</b>	
STREET ADDRESS	<b>7348-4 POTTSBURG DR</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE: *Leon V. Waters* **Leon V. Waters** 4-23-96 (904) 725-6550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (12/95)