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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Seoretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name

J47230

(4)

KEYS MINI-SELF STORAGE, INC.

Principal Place of Business

Mailing Address



604 WHITEHEAD ST KEY WEST FL 33040	604 WHITEHEAD ST KEY WEST FL 33040			
			Date Incorporated or Qualified	3a. Date of Last Report
			12/12/1986	05/11/1995
2. Principal Place of Business	2a. Mailing Address	. ^	4. FEI Number	Applied For
	6625 Trun	nam Hw	59-2767333	Not Applicable
Suite, Apt. #, etc 22 2			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Key Well FLA. 2	City & State    Key West	FLA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33040 25 USA 2		Country	8. This corporation has liability for la Florida Statutes	ntangible tax under s 199.032, Ki No
9, Name and Address of Current Re	gistered Agent		10. Name and Address of New R	egistered Agent
HOLLAND, W. SAM, JR  604 WHITEHEAD ST  KEY WEST FL 33040  81 Name S A M HOLLAND, SR,  82 Street Address (P.O. Box Number is Not Acceptable)  83 83				
,		84 City ,		85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above parcel consenting a batter than the first things and 607 1508. Florida Statutes, the above parcel consenting a batter than the first things and 607 1508.				
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 Synature, tycod or proted nerve of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating:  DATE:				
12. OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFF	
TITLE M	DELETE	1 1 TITLE	Secretary-	Change Addition
NAME HOLLAND, W. SAM JR		1.2 NAME	Tillasuria	
STREET ADDRESS -694 WHITEHEAD ST		1.3 STREET ADDRESS	625 TRUMAN	Ave
CHY-SI-ZIP KEY WEST FL		1.4 CITY-ST-ZIP	625 TRUMAN Ley West, F	1. 33040
TITLE D	DELETE	2.1 DILE		Change Addition
NAME BIGLER, JOHN E. JR.	, ,	2.2 NAME		
STREET ADDRESS 604 WHITEHEAD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP KEY WEST FL		2.4 CITY - ST - ZIP		
TIPLE D	DELETE	3. 1 TITLE	PRESIDENT	Change 🔲 Addition
NAME HOLLAND, W. SAM, SR		3.2 NAME	429 NE 99 ST	<u>-</u>
STREET ADDRESS CITY-ST-ZIP CHY WEST FL		3.3 STREET ADDRESS	*	
CITY-ST-ZIP ( REY WEST FL	□ DELETE	34 CITY - ST - ZIP	migni shores	F1. 33138
NAME	□ necess	4 1 THTLE		Change Addition
	•	4 2 NAME		
SIREET ADDRESS		4.3 STREET ADDRESS		1
CITY-ST-ZIP	["] DELETE	4.4 0-1Y - ST - ZiP	7 <u>00001</u> 90	)25.97
NAME	L. Other	5. 1 TITLE	~05/01/95~~010	17-028 Hange Addition
SIREET ADDRESS	·	5.2 NAVE	***200.00	
CITY-ST-ZIP		5.3 STREET ADDRESS		
TITLE	DELETE	5.4 CITY-ST-7IP		FI Change FI 1110
NAME	Find been it.	6. 1 TITLE 6.2 NAME	90000180 -05/01/96010 ***10.00	Change Addition
STREET ADDRESS			-05/01/96010	17029 01865
CITY - S1 - ZIP		6.3 STREET ADDRESS	***10.00	12001
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				

4. 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 if changed, or on an attachment with an address.

SIGNATURE:

BIGNATURE AND TYPEO ON FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 358-T147