

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95-17-1 JUL 10 92

DOCUMENT # **K51793**

(3)

1. Corporation Name

STOW-A-WAY STORAGE CENTERS III, INC.

Principal Place of Business

**8755 NORTH MILITARY TRAIL
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**% DAVID M. LAZAN
1090 KANE CONCOURSE, SUITE 202
BAY HARBOR ISLANDS FL 33154**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0098219

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAZAN, DAVID M.
1090 KAN CONCOURSE
SUITE 202
BAY HARBOR ISLANDS FL 33154**

81 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 607.1508, 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

(Sign in typed or printed name of registered agent and the corporation)

(If the registered agent signature is required when submitting)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
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CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
MARSHALL, TODD
8755 N. MILITARY TRAIL
PALM BCH GARDENS FL**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY ST ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY ST ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY ST ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY ST ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY ST ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY ST ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY ST ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY ST ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY ST ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

TODD C. MARSHALL

Date

Signature (If new)

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1995



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Secretary of State
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FILED
SECRETARY OF STATE
JAN 11 1996

DOCUMENT # K54916

(7)

1. Corporation Name

R.M. JOHNSON CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**641
JENSEN BEACH FL 34957
US**

**641 NE ZEBRINA SENDA
JENSEN BEACH FL 34957
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1988

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0075524

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

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, RICHARD M.
781 NE ZEBRINA SENDA
JENSEN BEACH FL 34957**

81 Name

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

741 NE ZEBRINA SENDA

83

84 City

FL

85 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 filer if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**PD
JOHNSON, RICHARD M.
781 NE ZEBRINA SENDA
JENSEN BEACH FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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)(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:

Richard Johnson, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-95

(407) 334-0530

0470121 CP