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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

(8)

CANDLELIGHT MINI-STORAGE, INC.

CAND	LEIGHT WING STOTAGE, II						
Principal Place of	f Business	Mailing Address				4 (B) WINE BUNE B	M 11 MEDLI MEDEL DENET 1041
931 U.S. 41 S. P.O. BOX 476 BROOKSVILLE FL 34605-7476		931 U.S. 41 S. P.O. BOX 476 BROOKSVILLE FL 34605-7476		Date Incorporated or Qualified 03/10/1989	3a. Date of La		
2. Principal Place	e of Business	2a. Mailing Address			4. FET Number	04/0)6/1995 Applied For
[26]		·	J		59-2940667		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Ζ φ	Country	Zip	Country	f	8. This corporation has liability for		
24	25 9. Name and Address of Current	29 Registered Agent	[30]		Florida Statutes 10. Name and Address of New R		
	g, 144110 tild 74441000 01 0411011	Trogramme Agent	81	Name	10, 1141110 4114 4144 614 614 614 614	ogistored riger	
MASON, JOSEPH M. JR 101 S. MAIN ST.			82	82 Street Address (P.O. Box Number is Not Acceptable)		ile)	
	SVILLE FL 34601		83				
			84	City		FL B5	Zip Code
or registered familiar with, SIGNATURE	agent, or both, in the State of Florid, and accept the obligations of, Section pullurs, typed or printed name of registered agent a	a. Such change was author on 607.0505, Florida Stalute	ized by the corp	ocration's boa	ration submits this statement for the pur ird of directors. Thereby accept the apport	ointment as regis	tered agent. I am
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		ECTORS IN 12
TICLE	PTD	DELETE	1 1 TITLE			Ch.	ange 🔲 Addition
NAME	MOUNTAIN, LYNN		1.2 NAME				
STHEET ADDRESS	12450 BROAD ST.			T ADDRESS			
CITY - ST - ZIP TITLE	BROOKSVILLE FL VSD	DELETE	14 CITY : 2 1 TIBLE	S* - Zi ^o		Ch.	ange 🔲 Addition
NAME	MANUEL, CLIFFORD E., JR	<u></u>	2.2 NAME			<u> </u>	
STREET ADDRESS	703 STOCKTON ST		2.3 STREE	LADORESS			
CITY - \$1 - ZIP	BROOKSVILLE FL		2.4 CFY -	S1-2i≥			
TITLE		DELETE	3 1 THILE			□ Ch	lange 🔲 Addition
NAME SAME			3.2 NAME	1.1000000			
STREET ADDRESS			3.3 STHEE	FADDRESS			
CITY-ST-ZIP TITLE		DELETE	4 1 TIT_E	31-21		ר כיז	iange 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			43 STREE	T ADDRESS			
CHTY-ST-ZIP		First per a per	4 4 CITY -	S1 - ZIF		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	5 1 TITLE			☐ Ch	nange 🔲 Addition
NAME STREET ADDRESS			5.2 NAME 6.2 STORE	LADORESS			
CITY-SI-ZIP			5.4 CiTy -				
THE		DELETE	6 1 TIFLE	31.20		Ch	range 🔲 Addition
NAME			6.2 NAME			-	
STREET ADDRESS			6 3 STHEE	1 ADDRESS			
CITY ST ZIP		ng san again	6 4 CIIY-				
certify that to eath; that I a	he information indicated on this annu-	al report or supplemental ar ation or the receiver or trus	inual report is tr lee enipowered	ue and accura	for the exemption stated in Section 119 ate and final my signature shall have the its report as required by Chapter 607, FI	same legal effec lorida Statutes; ar	et as if made under nd that my name
SIGNATU	JRE: SUGMATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR		4/17/96	(352)X	7-5674