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03-09-1999 90147 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K72694

1. Corporation Name
CANDLELIGHT MINI-STORAGE, INC.

Principal Place of Business	Mailing Address
931 U.S. 41 S. ~~P.O. BOX 476~~ BROOKSVILLE FL 34605-7476	23250 TURKEY TROT LN ~~P.O. BOX 476~~ BROOKSVILLE FL 34601 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/10/1989

2. Principal Place of Business	2a. Mailing Address
21 931 U.S. 41 S	26 23250 Turkey Trot Ln.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Brooksville FL	City & State 28 Brooksville FL
Zip 24 34601 Country 25 Hernando	Zip 29 34601 Country 30 Hernando

4. FEI Number: 59-2940667 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASON, JOSEPH M. JR 101 S. MAIN ST. BROOKSVILLE FL 34601	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOUNTAIN, LYNN		1.2 NAME	
STREET ADDRESS	23250 TURKEY TROT LN		1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MANUEL, CLIFFORD E., JR		2.2 NAME	
STREET ADDRESS	703 STOCKTON ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Lynn J Mountain 3/3/99 (352) 799-7342
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

Lynn J. Mountain