

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95259

(2)

1. Corporation Name

MARION OAKS STORAGE FACILITIES, INC.

Principal Place of Business

3600 SE 58TH AVE
OCALA FL 32671-7458

Mailing Address

P. O. BOX 189
OCALA FL 34478
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/22/1990

3a. Date of Last Report
08/01/1994

4. FEI Number
59-3032176

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 1 Banyan Drive

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Ocala, FL 34472

27 City & State

28

24 Zip

34472

25 Country

USA

29 Zip

30

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, MICHAEL J.
321 NW THIRD AVE
OCALA FL 32670

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
COOPER, MICHAEL J.
321 NW THIRD AVE
OCALA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MAZZURCO, ANDREW S.
3800 SE 58TH AVENUE
OCALA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

1 Banyan Drive
Ocala, FL 34472

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DOWDY, DENNIS W.
3800 SE 58TH AVENUE
OCALA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

1 Banyan Drive
Ocala, FL 34472

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MAZZURCO, JOSEPH
3800 SE 58TH AVENUE
OCALA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition

1 Banyan Drive
Ocala, FL 34472

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MAZZURCO, VINCENT S.
3800 SE 58TH AVENUE
OCALA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☒ Change ☐ Addition

1 Banyan Drive
Ocala, FL 34472

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew S. Mazzurco

4/27/95

904-624-0011