

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L95259 (2)

1. Corporation Name
MARION OAKS STORAGE FACILITIES, INC.

Principal Place of Business 1 BANYAN DRIVE OCALA FL 34472 US	Mailing Address P. O. BOX 189 OCALA FL 34478 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1990	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 59-3032176	
22 City & State	28	29 City & State	31	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent COOPER, MICHAEL J. 321 NW THIRD AVE OCALA FL 32670				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 FL				86 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		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	1.2 NAME		1.3 STREET ADDRESS			
NAME	COOPER, MICHAEL J.	1.4 CITY-ST-ZIP		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	321 NW THIRD AVE	2.2 NAME		2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	3.2 NAME		3.3 STREET ADDRESS			
NAME	MAZZURCO, ANDREW S.	3.4 CITY-ST-ZIP		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1 BANYAN DRIVE	4.2 NAME		4.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	5.2 NAME		5.3 STREET ADDRESS			
NAME	DOWDY, DENNIS W.	5.4 CITY-ST-ZIP		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1 BANYAN DRIVE	6.2 NAME		6.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP			
TITLE	D	6.5 CITY-ST-ZIP					
NAME	MAZZURCO, JOSEPH						
STREET ADDRESS	1 BANYAN DRIVE						
CITY-ST-ZIP	OCALA FL						
TITLE	D						
NAME	MAZZURCO, VINCENT S.						
STREET ADDRESS	1 BANYAN DRIVE						
CITY-ST-ZIP	OCALA FL						
TITLE	D						
NAME							
STREET ADDRESS							
CITY-ST-ZIP							

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.

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NAME	MAZZURCO, ANDREW S.	3.4 CITY-ST-ZIP		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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