

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90114 050 \*\*\*150.00

DOCUMENT # L95259

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1990

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

2. Principal Place of Business

21 150 Marion Oaks Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Ocala, FL

24 Zip

34473

Country

25 USA

27 City & State

28 Zip

Country

29 Zip

30 Country

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

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

TITLE D  
NAME COOPER, MICHAEL J.  
STREET ADDRESS 321 NW THIRD AVE  
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE D  
NAME MAZZURCO, ANDREW S.  
STREET ADDRESS 1 BANYAN DRIVE  
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE D  
NAME DOWDY, DENNIS W.  
STREET ADDRESS 1 BANYAN DRIVE  
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE D  
NAME MAZZURCO, JOSEPH  
STREET ADDRESS 1 BANYAN DRIVE  
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE D  
NAME MAZZURCO, VINCENT S.  
STREET ADDRESS 1 BANYAN DRIVE  
CITY-ST-ZIP Ocala FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 150 MARION OAKS Blvd.  
2.4 CITY-ST-ZIP Ocala, FL 34473

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 150 MARION OAKS Blvd.  
3.4 CITY-ST-ZIP Ocala, FL 34473

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 150 MARION OAKS Blvd.  
4.4 CITY-ST-ZIP Ocala, FL 34473

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 150 MARION OAKS Blvd.  
5.4 CITY-ST-ZIP Ocala, FL 34473

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 (352) 347-2111

CR2E034 (11/98)