FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jun 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # M66871 **B & B MINI-WAREHOUSES, INC.** Mailing Address Principal Place of Business C/O DENNIS W. BENNETT C/O DENNIS W. BENNETT RT 3. BOX 303 - HICKS RD. RT 3. BOX 303 - HICKS RD. DO NOT WRITE IN THIS SPACE OLD TOWN FL 32680 OLD TOWN FL 32680 3. Date Incorporated or Qualified 01/28/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2877874 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BENNETT, DENNIS W. RT 3, BOX 303, HICKS RD. Street Address (P.O. Box Number is Not Acceptable) 82 OLD TOWN FL 32680 83 84 City 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. Lam family in with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DETEIE Change Addition TITLE 1.1 TITLE BENNETT, DENNIS W. NAME 1.2 NAME RT 3, BOX 303, HICKS RD. 1.3 STREET ADDRESS STREET ADDRESS OLD TOWN FL 14 CITY-ST-7/P CITY-ST-ZIP DELETE Change Addition 2.1 1111.5 TITLE **BE**NNETT, TALMADGE L. NAME 2.2 NAME 5328 CR 209 SO. STREET ADDRESS 2.3 STREET ADDRESS **GREENCOVE SPRINGS FL** CITY-ST-ZIP 2 4 CITY- \$1-ZIP DELETE Change Addition TITLE 3.1 TITLE BENNETT, JUDITH ANN NAME 3.2 NAME 5328 CR 209 SO. STREET ADDRESS 3.3 STREET ADDRESS GREENCOVE SPRINGS FL 3 4. CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 4.1 TITLE ■ Addition Bennett, Marie H. NAME 4. 2 NAME RT 3, BOX 303, HICKS RD. STREET ADDRESS 4.3 STREET ADDRESS OLD TOWN FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 5.4 CITY - ST - ZIP LIELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

14. Thereby 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 supplienced a enural 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. The receiver or trustree employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS

Block 12 or Block 13 if changed,

CITY-ST-ZIP