FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P31955** **(8)**

1. Corporation Name

SPACE MASTER INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1040 CROWN POINTE PARKWAY STE. 900 ATLANTA GA 30338	1040 CROWN POINTE PARKWAY STE. 900 ATLANTA GA 30338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 94-1654805 — ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addition
NAME	WOOLDRIDGE, RAYMOND A.	12 NAME	
STREET ADDRESS	875 MARSEILLES DR.	13 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, DOUGLAS	22 NAME	
STREET ADDRESS	5525 SAPELO TRAIL	23 STREET ADDRESS	
CITY ST ZIP	NORCROSS GA	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CRUPPI, JOHN	32 NAME	
STREET ADDRESS	2543 HIGHLAND DR.	33 STREET ADDRESS	
CITY ST ZIP	CONYERS GA	34 CITY ST ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	BEAUCAIRE, WINNIE	42 NAME	
STREET ADDRESS	2644 BRONCO TRAIL	43 STREET ADDRESS	DELETE
CITY ST ZIP	DULUTH GA	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	WAGNER, CRAIG A.	52 NAME	
STREET ADDRESS	1170 BRYNWYCK RD., N.W.	53 STREET ADDRESS	DELETE
CITY ST ZIP	ATLANTA GA	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	BOOTH, BARBARA	62 NAME	
STREET ADDRESS	1040 CROWN POINTE PKWY #900	63 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	64 CITY ST ZIP	

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 119.07(3)(k), 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.

SIGNATURE: [signature] 4/28/95 (404) 396-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0399158 FP