


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90010 007 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31955

1. Corporation Name

SPACE MASTER INTERNATIONAL, INC.

Principal Place of Business

1040 CROWN POINTE PARKWAY
STE. 900
ATLANTA GA 30338

Mailing Address

1040 CROWN POINTE PARKWAY
STE. 900
ATLANTA GA 30338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1990

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 owes the current year
Intangible Personal Property.

☐

Yes ☒ No

2. Principal Place of Business

21 ~~B211 TOWN CENTER DRIVE~~

2a. Mailing Address

26 ~~P.O. Box 986~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ~~BALTIMORE, MD~~

City & State

28 ~~BALTIMORE, MD~~

Zip

24 ~~21236~~

Country

25 ~~BALTIMORE~~

Zip

29 ~~21203~~

Country

30 ~~BALTIMORE~~

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

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 **PC** ☒ DELETE

NAME **WOOLDRIDGE, RAYMOND A.**

STREET ADDRESS **10410 CROWN POINTE PKW #900**

CITY-ST-ZIP **ATLANTA GA**

TITLE **V** ☒ DELETE

NAME **ALEXANDER, DOUGLAS**

STREET ADDRESS **5525 SAPELO TRAIL**

CITY-ST-ZIP **NORCROSS GA**

TITLE **S** ☒ DELETE

NAME **CRUPPI, JOHN**

STREET ADDRESS **2543 HIGHLAND DR.**

CITY-ST-ZIP **CONYERS GA**

TITLE **T** ☒ DELETE

NAME **BOOTH, BARBARA**

STREET ADDRESS **1040 CROWN POINTE PKWY #900**

CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT (P)** ☐ Change ☒ Addition

1.2 NAME **GERARD E. HOLTHAUS**

1.3 STREET ADDRESS **2802 SHADY GROVE COURT**

1.4 CITY-ST-ZIP **BALDWIN, MD 21013**

2.1 TITLE **TREASURER (T)** ☐ Change ☒ Addition

2.2 NAME **GERARD E. KEEFE**

2.3 STREET ADDRESS **2 SEABERRY COURT**

2.4 CITY-ST-ZIP **TIMONIUM, MD 21093**

3.1 TITLE **SECRETARY (S)** ☐ Change ☒ Addition

3.2 NAME **JOHN B. ROSS**

3.3 STREET ADDRESS **13619 ALLISTON DRIVE**

3.4 CITY-ST-ZIP **BALDWIN, MD 21013**

4.1 TITLE **ASST. TREASURER (T)** ☐ Change ☒ Addition

4.2 NAME **DENNIS REIGER**

4.3 STREET ADDRESS **7937 HENSLONG CRT**

4.4 CITY-ST-ZIP **PASADENA, MD 21122**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE OF DENNIS REIGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/99

Date

410-933-5926

Daytime Phone #

CR2E034 (5/99)