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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000008713** (8)

EASY STORE-IT, INC.

FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				I (UDDINBO) IND NOTOR ININ BANN DUNN BANN BANN BANN BANN)###1 Wills W## 4100# 11 ##
3780 KORI ROAD JACKSONVILLE FL 32257		3780 KORI ROAD JACKSONVILLE FL 32257		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 02/03/1993	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	I Language
21	ides of Bosinoss	26		59-3166052	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent				10. Name and Address of New Registerer	J Agent
LINDA R. BENSON			B1 Name	ida R. Benson	
3780 KORI RD.		SAME	7 4 7 7	ess (P.O. Box Number is Not Acceptable)	
SUM ISI			. 378	O MORI Ka.	
JA	CKSONVILLE BELLO M FL 33257	INCORRE		cksomille 71.	
		A DDRES	84 City	CR some in	85 Zip Code
			1 10 6	EASY STORE IT, INC FI	L 85 30 Code 7
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.					
_	TA ISAMICI WILL, CITO BOODE INO DONGO	110/13 01, 000(1011 001,0000, 1101	ioa otatates.		
SIGNATURE	Signature, typod or printed name of registered agen	it and tile it applicable (NOTE:	Registered Agent signature requir	ed when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENSON, H C		1.2 NAME		
STREET ADDRESS	3780 KORI ROAD		1.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32257		1.4 CITY - ST - ZIP		,
TITLE	D	☐ DELETE	2.1 TMLF		Change Addition
NAME	Benson, Linda R		2 2 NAME		
STREET ADDRESS	3780 KORI ROAD		2 3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	_		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-7IP		
TITLE		DELFIE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. I further certify that the information indicated on this annual report or supplicemental 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

slock 12 or Block 13 if changed for an all achimient with an addicess