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 # P93000020845 (2)

INDIAN HARBOUR MINI STORAGE, INC.

FILED Jan 26 1998 8:00am Secretary of State



<u> </u>]
Principal Place of Business Mailing Address						å siålt farat føtti åtååt filt tedt
140 TOMAHAWK DR 140 TOMAHAWK DR				_		
INDIAN HAFR	BOUR BEACH FL 32937	INDIAN HAHBOUR BEAC	DIAN HARBOUR BEACH FL 32937		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					03/22/1993	İ
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3172091	Not Applicable
Sulte, Apt.	Sulte, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22	27				5. Certificate of Status Desired	Fee Required
City & Stat	· —				Election Campaign Financing	\$5.00 May Be
23	28		,		Trust Fund Contribution	Added to Fees
Zip	Country	Ζip	Coun	try	8. This corporation owes or has paid the	
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 Register	ed Agent
	ATTERSON, DAVID R		\"	II Name		ļ
% S & D ENTERPRISES			8	82 Street Address (P ₂ O. Box Number is Not Acceptable)		
166 SEA PARK BLVD			Ļ	271	7 N. BABCOCK ST	
SA	ATELLITE BEACH FL 32937		ľ	13		
			ε	4 City		85 Zip Code
		0	1	111E		L 32935
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida Such change was a	es, the abo authorized		rporation submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered
agent. i a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statul	tes.	_	
SIGNATURE	Streame, typed or printed name of registrated age	as and the if applicable (NO)	F Registered	Agent signature requ	ured when reinstating) DAT	91
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITL:	E		Change Addition
NAME	PHELPS, ARTHUR N		1,2 NAM	E		i i
STREET ADDRESS	155 PALMETTO AVE UNIT 47	!	1.3 STRE	ET ADDRESS		ļi
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 CITY	- \$7 - 7IP		
TITLE	D	☐ DELETE	2 1 TITL	F		Change Addition
NAME	PHELPS, DREW A		22 NAM	E		
STREET ADDRESS	2150 PALM AVE		2 3 STRE	ET ADDRESS		ŧ
CITY-ST-ZIP	INDIALANTIC FL 32903		2.4 CIT	r-ST-ZIP		
TITLE		☐ DELETE	3.1 7(1).	E		Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			33 STRE	ET ADDRESS		
CITY-ST-ZIP				(-ST-ZIP	·····	
TITLE		☐ DELETE	4.1 TITLE	[Change Addition
NAME			4. 2 NAN	AE		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP		-1 -2		-ST-ZIP		
TITLE		☐ DELETE	5.1 TITE	1		Change Addition
NAME			52 NAM	E		
STREET ADDRESS			5 3 S1RE	ET ADDRESS		
CITY-ST-ZIP			5.4 City	-ST-ZIP		
TITLE	- -	☐ DELETE	6.1 THTLE			Change Addition
NAME	•		6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP	·.		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