

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 AUG -3 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # P94000049546 (2)

1. Corporation Name

PONTE VEDRA STORAGE CENTRE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

222 W. COMSTOCK AVE.
SUITE 101
WINTER PARK FL 32789

Mailing Address

222 W. COMSTOCK AVE.
SUITE 101
WINTER PARK FL 32789

3. Date Incorporated or Qualified
07/05/1994

3a. Date of Last Report

2. Principal Place of Business

21 887 Georgia Avenue

2a. Mailing Address

26 887 Georgia Avenue

4. FEI Number

59-3266889

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Winter Park, FL 32789

City & State

28 Winter Park, FL 32789

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32789

Country

25 Orange

Zip

29 32789

Country

30 Orange

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DOWNING, GRANT I.
222 W. COMSTOCK AVE.
SUITE 101
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name Bill L. McClanahan

82 Street Address (P.O. Box Number is Not Acceptable)
887 Georgia Avenue

83

84 City Winter Park

FL

85 Zip Code 32789

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JOHNSON, C.A.
STREET ADDRESS 2100 PARK AVE. NORTH, SUITE 310
CITY, ST, ZIP WINTER PARK FL 32789

1.1 TITLE President/Director
1.2 NAME Bill L. McClanahan
1.3 STREET ADDRESS 887 Georgia Avenue
1.4 CITY, ST, ZIP Winter Park, Florida 32789

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE Vice Pres/Sec/Treas/Director
3.2 NAME John M. Garner
3.3 STREET ADDRESS 1551 N.E. 103rd Street
3.4 CITY, ST, ZIP Miami Shores, FL 33138

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(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 its 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-95

407/644-2614