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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:51

DOCUMENT # **P94000062630 (6)**

1. Corporation Name
SECURE CARE MINI STORAGE, INC.

Principal Place of Business	Mailing Address
8081 W GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429	8081 W GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report:

2. Principal Place of Business		2a. Mailing Address	
21	6331 South TEX PT.	26	P.O. BOX 1870
Suite, Apt. #, etc. 22	HOMOSASSA, FL	Suite, Apt. #, etc. 27	CRYSTAL RIVER, FL
City & State 23		City & State 28	
Zip 24	34448	Zip 29	34423
Country 25	USA	Country 30	USA

4. FEI Number: 59-3267626 ☐ 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

9. Name and Address of Current Registered Agent

LAFERTY, BILLY G
8081 W GULF TO LAKE HIGHWAY
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name: RICHARD A. CORNS
82 Street Address (P.O. Box Number is Not Acceptable): 6331 SOUTH TEX PT.
83
84 City: HOMOSASSA FL 85 Zip Code: 34448

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] 3-9-95
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAFFERTY, BILLY G
STREET ADDRESS	1236 NE 3RD STREET
CITY ST ZIP	CRYSTAL RIVER FL 34429
TITLE	D
NAME	CORNS, RICHARD A
STREET ADDRESS	#12 MASTIC COURT EAST
CITY ST ZIP	HOMOSASSA SPRINGS FL 34446
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	(P)RES.	☒ Change ☐ Addition
12 NAME	RICHARD A. CORNS	
13 STREET ADDRESS	#12 MASTIC CT EAST	
14 CITY ST ZIP	HOMOSASSA SPRINGS, FL 34446	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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] President 3-9-95 904 621-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD A CORNS

0351000 CP