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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400063016 (7) 1. Corporation Name GROVELAND MINI-STORAGE, INC.							
Principal Place of Business  156 GROVELAND FARMS RD GROVELAND FL 28 US  Mailing Address  156 GROVELAND FARMS RD GROVELAND FL 34736-2020 US						02//0 84/02 11    05 8/ 170/	I Bidi la Fi
					3. Date Incorporated or Qualified 09/01/1994	3a. Date of Last F 05/17/1996	Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		oplied For	
21 SAME		26 SAME				ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
City & State		27     City & State		6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution		to Fees	
Zip	Country	7ip	Country		8. This corporation has liability for i		. 199.032,
24	9. Name and Address of Current	29	30		Fiorida Statules 2  10. Name and Address of New Re	Yes No	
DEO	G, KEVIN S	negistered Agent	81	Name -	TO, Name and Address of New Re	gistered Agent	
178 GMO	GROVELAND FARMS RD EVELAND FL 34736	and 607.1508, Florida Statu f Florida Such change was	82 83 84	Street Add	dress (P.O. Box Number is Not Acceptable of the pation's board of directors. I hereby acceptable of the pation's board of directors. I hereby acceptable of the pation's board of directors.	FL 85 Zip	Code Is registered registered
agent. I a SIGNATURE					ulfact when reinstating)	4-8-97	
12.	Signature, typed or printed name of registered agent and title. If applicable. (NO OFFICERS AND DIRECTORS		13.	or signature reg	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE 1.5 TF				Change	Addition
NAME	BERG, KEVIN S		1.2 NAME				
STREET ADDRESS	178 GROVELAND FARMS RD		1.3 \$1RF( )	ADDRESS			ļ
CITY-ST-ZIP	GROVELAND FL	DELETE	1.4 CITY - S	11-71P		Change	Addition
TITLE Name	BERG, SARA J	L_J (ALLE IL	2.1 117LE 2.2 NAME			[_] Criange	□ Magition 1
STREET ADDRESS	178 GROVELAND FARMS RD.		2.3 STREET	ANNRESS			
CITY-ST-ZIP	GROVELAND FL	1		S1-ZIP			Ì
TITLE		DELETE	3.1 TITLE	<u> </u>		☐ Change	Addition
NAME			3.2 NAME	Ì			
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	S1 - ŽIP			
TITLE		☐ DELETE	4.1 Title			L Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ļ			1
CITY-ST-ZIP TITLE		DELITE 5.1?		1-ZP		Change	Addition
NAME			5.2 NAME			onungs	
STREET ADDRESS			5.3 STREET	ADDRESS			
CHTY-ST-ZIP			54 Chy- 8				
TITLE		DEFETE 6.1 11				☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			}
CITY OT TID			S A CITY S	1.710			

14. If do 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 eath; 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 pharting, or on an attachment with an address.

**FILED** 

Apr 14 1997 8:00am

Secretary of State