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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400063016

GROVELAND MINI-STORAGE, INC.

Principal Place of Business Mailing Add		Mailing Address	Address		1 1991/981 218 19111 51611 58111 58111 58111		
		156 GROVELAND FARMS RD.					
GROVELAND FL 26 GROVELAND FL 34736			•		DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					09/01/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	26			59-3265579	No	t Applicable	
		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Add		
22		27		_	U. Contracto di Ciatto Desiret	Fee Re	·
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country		 This corporation owes the current year I Personal Property Tax. 	ntangible	□No
24	25	29 30)	.	10. Name and Address of New Registere		
	9. Name and Address of Curren	it Keyistered Ayent	81	Name	17. Isalio una radiosa di item ragistere		
BERG, KEVIN S							
178 GROVELAND FARMS RD			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
GROVELAND FL 34736			83				
			. L	ļ		[2. 1.
			84	City	F	L 85 Zip	Code
SIGNATURE:	Signature, typed or present name of registered agei	nt and title if applicable. (NOTE: Re			ired when reinstating) ADDITIONS/CHANGES TO OFFICERS	15-99	
12.			1.1 TITLE		ABBITIONO OF PARCES TO STATE DELICE.	Change	Addition
TITLE	D Berg, Kevin S	_ occert	1.2 NAME				_
NAME			1	T ADDRESS			
STREET ADDRESS	4-4-4		1.4 CITY-S				
CITY-ST-ZIP TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME	BERG, SARA J		2.2 NAME				ĺ
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE			3.1 TITL€			☐ Change	Addition .
NAME]		3.2 NAME	• •	•		
STREET ADDRESS	İ		3.3 STREE	TADDRESS			Ì
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	<u> </u>		D Addition
TITLE			4,1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	T-ZIP		☐ Change	Addition
TITLE	ļ		5.1 IIILE 5.2 NAME		•	···	
NAME STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY- S		•		
TITLE	-	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
			4				_

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90080 035 ***150.00