

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

**FILED**

**Mar 12 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000025104 (7)**

1. Corporation Name  
**STORAGE TOWN, INC.**



Principal Place of Business  
**P.O. BOX 756  
LYNN HAVEN FL 32444**

Mailing Address  
**P.O. BOX 756  
LYNN HAVEN FL 32444-0756**

3. Date Incorporated or Qualified  
**03/27/1995**

3a. Date of Last Report  
**02/05/1996**

4. FEI Number  
**59-3312707**

Applied For  
 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

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Country

**9. Name and Address of Current Registered Agent**

**CHATONEY, BILL  
7103 HWY 77  
LYNN HAVEN FL 32444**

**10. Name and Address of New Registered Agent**

81 Name

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

83

84 City

85 Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CHATONEY, BILL</b>	
STREET ADDRESS	<b>P.O. BOX 756</b>	
CITY, ST, ZIP	<b>LYNN HAVEN FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CHATONEY, WILLIAM MICHAEL</b>	
STREET ADDRESS	<b>P.O. BOX 382</b>	
CITY, ST, ZIP	<b>LYNN HAVEN FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Chatoney, Bill</b>	
1.3 STREET ADDRESS	<b>P.O. Box 756</b>	
1.4 CITY - ST - ZIP	<b>Lynn Haven FL 32444</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Chatoney, William Michael</b>	
2.3 STREET ADDRESS	<b>P.O. Box 382</b>	
2.4 CITY - ST - ZIP	<b>Lynn Haven FL 32444</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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 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: Bill Chatoney** *[Signature]* **Feb. 21, 97** **904-265-2117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)