

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000035359 (5)**

1. Corporation Name

THE STORAGE CONNECTION, INC.

Principal Place of Business

**6055 S.W. MAPP ROAD
PALM CITY FL 34990**

Mailing Address

**6055 S.W. MAPP ROAD
PALM CITY FL 34990**



2. Principal Place of Business		2a. Mailing Address	
21	6055 S.W. Mapp Road	26	6055 S.W. Mapp Road
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	n/a	27	n/a
City & State		City & State	
23	Palm City, FL	28	Palm City, FL
24	Zip 34990	29	Zip 34990
25	Country Martin	30	Country Martin

3. Date Incorporated or Qualified 05/01/1995	3a. Date of Last Report n/a
4. FEI Number 65-0589588	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, FARRELL B 6055 S.W. MAPP ROAD PALM CITY FL 34990				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

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 of officer or director of corporation or registered agent

Signature of Registered Agent or person authorized to act as agent

(Date)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JONES, FARRELL B			1.2 NAME	Jones, Brenda K		
STREET ADDRESS	6055 S.W. MAPP ROAD			1.3 STREET ADDRESS	6055 S.W. Mapp Road		
CITY-ST-ZIP	PALM CITY FL			1.4 CITY-ST-ZIP	Palm City, FL 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE			
NAME	FLOYD, STEVEN T			2.2 NAME			
STREET ADDRESS	1225 MAGNOLIA BLUFF DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Naugle, Gregory M.		
STREET ADDRESS				3.3 STREET ADDRESS	1194 S.W. Middle Stream Ct.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Palm City, FL 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 in 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

407-221-1071

Date

De/Sign Phone #

CR2E034 (12/95)