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

PROFIT CORPORATION ANNUAL REPORT

1997

AUVIL, JON L

DADE CITY FL 33525

37837 MERIDIAN AVENUE STE 314



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000040525 (4)

EAST 54 MINI STORAGE, INC.

Principal Place of Business	Mailing Address	f tallitall ind idial drift batt, darts daint daint datet ante erine erine cans can	
38461 HIGHWAY 54 EAST ZEPHYRHILLS FL 33540	38461 HIGHWAY 54 EAST ZEPHYRHILLS FL 33540-2529		
		3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1995 03/15/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For	
21	26	59-3328855 Not Applica	
Suite, Apt #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country 24 25	Zip Country 29 30	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ✓ Yes ☐ No	
	s of Current Registered Agent	10. Name and Address of New Registered Agent	

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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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Name

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

	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature re	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE	D DEL	ETE 11 TITLE	Change Additi
NAME	BOLENDER, JOHN J	1.2 NAME	
STREET ADDRESS	38461 HIGHWAY 54 EAST	1.3 STREET ADDRESS	
CHTY - ST- ZIP	ZEPHYRHILLS FL 33540	1.4 CITY-ST-ZIP	
TITLE	DEL	ETE 2.1 TITLE	☐ Change ☐ Additi
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - S1 - ZIP		2. 4 CITY - ST-ZIP	
TITLE	DEL	ETE 3.1 TITLE	☐ Change ☐ Additi
NAM:		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4. CITY-ST-ZIP	
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NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
City-St-Zip		5.4 CITY-ST-ZIP	
TITLE	□ DEt	ETE 6.1 TITLE	Change Additi
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CULV ST 21D		64 CITY - ST - 71P	

14. I do hereby certify that the information supplied with this filling 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:

4-11-97 813-788-5969

FILED

Apr 16 1997 8:00am

Secretary of State

Applied For Not Applicable

Zip Code

CR2E034 (9/96)