

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90191 008 ***150.00

DOCUMENT # P95000052229

1. Corporation Name

BAYMEADOWS SELF STORAGE, INC.

Principal Place of Business

3491 PALL MALL DRIVE
JACKSONVILLE FL 32257-5463

Mailing Address

3491 PALL MALL DRIVE
JACKSONVILLE FL 32257-5463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1995

4. FEI Number

59-3336574

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 8282 Western Way Circle

2a. Mailing Address

26 8282 Western Way Circle

Suite, Apt. #, etc.

22 Suite # 1209

Suite, Apt. #, etc.

27 Suite # 1209

City & State

23 Jacksonville FL

City & State

28 Jacksonville FL

Zip

24 32256

Country

25 USA

Zip

29 32256

Country

30 USA

9. Name and Address of Current Registered Agent

BRANT, MOORE, SAPP, MACDONALD & WELLS, PA
50 NORTH LAURA STREET
SUITE 3100 - BARNETT CENTER
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JAFFA, JAMES B
STREET ADDRESS 3491 PALL MALL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32257-5463

TITLE D ☐ DELETE

NAME JAFFA, IRENE K
STREET ADDRESS 3491 PALL MALL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32257-5463

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8282 Western Way Circle, Ste #1209
Jacksonville FL 32256

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

8282 Western Way Circle Ste #1209
Jacksonville FL 32256

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0044094