

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 30 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 # P95000095586 (0) 1. Corporation Name BIG BOY TOY STORAGE OF MELBOURNE, INC.		



Principal Place of Business 400 N FERN CREEK AVE ORLANDO FL 32803	Mailing Address 400 N FERN CREEK AVE ORLANDO FL 32803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/14/1995		3a. Date of Last Report 04/30/1996	
				4. FEI Number 59-3364153		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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No			

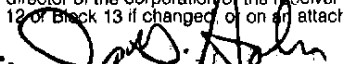
9. Name and Address of Current Registered Agent SIMONET, W F 400 N FERN CREEK AVE ORLANDO FL 32803				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant 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 accepting with me the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMONET, W F	1.2 NAME	
STREET ADDRESS	400 N FERN CREEK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	
TITLE	CPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, JAMES G	2.2 NAME	
STREET ADDRESS	605 S. HEAGECOCK SQ.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, VICKI L	3.2 NAME	
STREET ADDRESS	605 S. HEAGECOCK SQ.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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  **JAMES G. HOLMES** 7/27/97 407-779-8940

CR2E034 (4/97)