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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra R. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000017422 (2)

LOCK-N-STORE, INC.

PENSACOLA FL 32514

Suite, Apt. #, etc.

SIGNATURE: ()

City & State

2. Principal Place of Business

Mailing Address Principal Place of Business 5060 NORTH PALAFOX STREET

111 NORTH INGLESIDE FAIRHOPE AL 36532

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 02/23/1996

58-2222457

5. Certificate of Status Desired

4. FEI Number

| 23 | - | 28 | | | | | Trust Fund Contribution Added to Fees | | |
|--|----------------|--------|--------------------------|---------------|----------------------|----------|---------------------------------------|-------------|--|
| Zíp Country | | | | Zip | | | | | 8. This corporation owes or has paid the current year Intangible |
| 24 | | 25 | | 29 | | 30 | , | | Personal Property Tax due June 30. X Yes No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | | | |
| FAGERSTROM, JOHN | | | | | | | 81 | Name | · · · |
| 2500 PARADISE POINT DRIVE | | | | | | | 82 | Stroot Ac | Address (P.O. Box Number is Not Acceptable) |
| PENSACOLA FL 32503 | | | | | | | 102 | Sileet At | Address (F.O. Box Nothber is Not Acceptable) |
| | | | | | 3 | | 83 | | |
| | | | | | | | 84 | Oib. | len 7% Out |
| | | | | | | | 1 1 | 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 | | | | | | | | | |
| 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 & applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| 12. | | | OFFICERS AND I | DIRECTORS | | 13 | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P | | CINCAL IN | | DELETE | 1.1 | TITLE | | Change Addition |
| NAME | | | EWEY W. | | | 1.2 | NAME | } | |
| STREET ADDRESS | | | INGLESIDE | | | 1.3 | STREET | ADDRESS | |
| CITY-ST-ZIP | FAIRHO | PE A | <u> </u> | | | 1.4 | CITY-S | T-ZIP | |
| TITLE | S | ~ | ILLANDI OYTE | | DELETE | 2.1 | TITLE | | Change |
| NAME | | | HARLOTTE | | | 2.2 | NAME | - 1 | ' |
| STREET ADDRESS | | | ingleside ' | | | 2.3 | STREET | ADDRESS | |
| CITY-ST-ZIP | FAIRHO | PE A | <u> </u> | | | _ | CITY-S | T-ZiP | |
| TITLE | VP MITCHE | 11 6 | ONIALD E | | DELETE | | TITLE | | Change Addition |
| NAME | | | ONALD E. ND LANE WEST | | | | NAME | - 1 | |
| STREET ADDRESS | KELLER | | IND DAME MEST | | | 1 | | ADDRESS | |
| CITY-ST-ZIP | NEULEN | -1^ | | | DELETE | _ | CITY-S | T-ZIP | Change Addition |
| TITLE | | | | | - DECESE | J | TITLE | 1 | L Change Addition |
| NAME | | | | | | | NAME | | |
| STREET ADDRESS | | | | | | | | ADDRESS | |
| CITY-ST-ZIP TITLE | | | | | DELETE | _ | CITY-ST TITLE | I-ZIP | Change Addition |
| NAME | | | | | | 1 | NAME | - 1 | |
| STREET ADDRESS | | | | | | | | ADDRESS | |
| | | | | | | | | | |
| CITY-ST-ZIP | | | | | DELETE | | CITY-ST TITLE | 1-21- | Change Addition |
| NAME | | | | | | - 1 | NAME | 1 | , vivings Lij naditori |
| STREET ADDRESS | | | | | | 4 | | ADDRESS | |
| CITY-ST-ZIP | | | | | | 1 | CITY-SI | 1 | |
| 14. I hereby c | ertify that th | e info | mation supplied with | this filing o | loes not qualify for | or the e | xempt | tion stated | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information |
| 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. | | | | | | | | | |