

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**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90170 008 \*\*\*150.00

**DOCUMENT # P96000036477**

1. Corporation Name  
**STORAGE 17, INC.**

Principal Place of Business  
1655 10TH AVE  
1  
VERO BEACH FL 32960  
US

Mailing Address  
1655 10TH AVE  
VERO BEACH FL 32960  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/26/1996**

4. FEI Number  
**65-0675345**

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 **950 Lantern Lane**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **950 Lantern Lane**  
Suite, Apt. #, etc.

22 City & State  
23 **Vero Beach, FL**

27 City & State  
28 **Vero Beach, FL**

24 Zip Country  
**32963 Indian River**

29 Zip Country  
**32963 Indian River**

**9. Name and Address of Current Registered Agent**

**CALDWELL, WILLIAM W**  
**756 BEACHLAND BLVD**  
**VERO BEACH FL 32963**

**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 ☐ DELETE  
NAME **D MOSS, LAWRENCE C**  
STREET ADDRESS **904 SPYGLASS LN**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ DELETE  
NAME **D CALDWELL, WILLIAM W**  
STREET ADDRESS **756 BEACHLAND BLVD**  
CITY-ST-ZIP **VERO BCH FL 32963**

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 ☐ Change ☐ Addition  
1.2 NAME **Moss, Lawrence C.**  
1.3 STREET ADDRESS **950 Lantern Lane**  
1.4 CITY-ST-ZIP **Vero Beach, FL 3296**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **Caldwell, William W.**  
2.3 STREET ADDRESS **756 Beachland Blvd.**  
2.4 CITY-ST-ZIP **Vero Beach, FL 32963**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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

4/29/99

561-231-4343

Date

Daytime Phone #

CR2E034 (11/98)