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

PROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9600 (ATER MINI-STORAGE, INC					
Principal Place of Business Mailing Address						(DE IDINE ADIO) OSSER ENTERED
4627 HWY 20 EAST		1350 E. JOHN SIMS PARKWAY				
NICEVILLE FL 32578 NICEVILLE FL 3251					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	761766
					04/29/1996	J
	al Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 Suite Ant			Suite, Apt. #, etc.		59-338 1532	Not Applicable
22			27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip			Country		8. This corporation owes or has paid the co	
24	9. Name and Address of Currer	29 Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
MM	IGER, JOHN W JR.		81	Name		
1350 E. JOHN SIMS PARKWAY				Stront Ado	dress (P.O. Box Number is Not Acceptable)	
NICEVILLE FL 32578				Sirbol Auc	disse (n.O. Box redition is redit Acceptable)	
			63			
			84	City		85 Zip Code
44 5	10 10 00 000	20 1 007 1500 Ft 1- B			FI	
office or r agent. I a SIGNATURE	_/////////////////////////////////////				poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
12.		ent and title if applicable (NOT D DIRECTORS	E Registered Ager	al signature requ	olred when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE			1.1 TITLE	- 1 -	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	MINGER, JOHN W. JR.	_	1.2 NAME			
STREET ADDRESS	1350 E. JOHN SIMS PKWY		1.3 STREET	ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY - ST	r- 2IP		
TITLE	DELETÉ 2.1		2.1 TITLE			☐ Change ☐ Addition
NAME	•		2.2 NAME			
STREET ADDRESS	∔		2.3 STREET			ļ
CITY-ST-ZIP TITLE			2 4 CITY-ST	T-ZIP		☐ Change ☐ Addition
NAME			3.2 NAME			C Change C Roomon
STREET ADDRESS	l l		3.3 STREET	ADDRESS		
CITY-ST-ZIP	f		3.4. CITY - S	ſ		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	address		
CITY-ST-ZIP	_	T oc. ext	4.4 CITY-ST	- ZIP	<u> </u>	
TITLE		DELETE 5.1				Change L Addition
NAME			5.2 NAME	ADDRESS.		
STREET ADDRESS			5.3 STREET A	- 1		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST 6.1 TITLE	-zir		Change Addition
NAME			6.2 NAME			

14. Thereby 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 supplied entail 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 find 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 a state provided by the corporation of t

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 26 1998 8:00am

Secretary of State