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Mar 27 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 # P96000039185 (9)

1. Corporation Name  
BUCKEYE STORAGE, INC.

Principal Place of Business  
3024 JACARANDA  
LAKE PLACID FL 33852

Mailing Address  
3024 JACARANDA  
LAKE PLACID FL 33852-9238

3. Date Incorporated or Qualified  
05/07/1996

3a. Date of Last Report  
Applied For  
Not Applicable

2. Principal Place of Business

21 7825 S. George Blvd.  
Suite, Apt. #, etc.

22 City & State  
Sebring, FL

23 Zip Country  
33872 USA

24 33872 25 USA

2a. Mailing Address

26 P.O. Box 1072  
Suite, Apt. #, etc.

27 City & State  
Lake Placid, FL

28 Zip Country  
33862 USA

29 33862 30 USA

4. FEI Number  
59-3380250

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JACKSON, ANDREW B  
150 N COMMERCE  
SEBRING FL 33871

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	President/TREASURER <input type="checkbox"/> DELETE
NAME	JOANNE M. CRONISER
STREET ADDRESS	3024 JACARANDA AVENUE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VICE-PRESIDENT/SEC'Y <input type="checkbox"/> DELETE
NAME	KAREN DEWEY
STREET ADDRESS	115 BOUGAINVILLEA STREET NE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: JOANNE M. CRONISER 3/11/97 (941) 386-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)