

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

FILED

Apr 14 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 # **P96000061646 (1)**

1. Corporation Name

DOCUMENT STORAGE OF CENTRAL FLORIDA, INC.



Principal Place of Business

1055 LAKE ROGERS CIRCLE
OVIEDO FL 32785

Mailing Address

1055 LAKE ROGERS CIRCLE
OVIEDO FL 32785-7225

2. Principal Place of Business

21 200 N. Holly Ave.

Suite, Apt. #, etc.

22 City & State

23 Sanford, FL

Zip

24 32771

Country

25 USA

2a. Mailing Address

26 P.O. Box 1351

Suite, Apt. #, etc.

27 City & State

28 Sanford, FL

Zip

29 32772-1351

Country

30 USA

3. Date Incorporated or Qualified

07/22/1996

3a. Date of Last Report

4. FEI Number

59-3393803

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

HAHN, JAMES F
1055 LAKE ROGERS CIRCLE
OVIEDO FL 32785

10. Name and Address of New Registered Agent

81 Name Hahn, James F.
82 Street Address (P.O. Box Number is Not Acceptable)
1115 Secret Ln.
83
84 City Deltona FL 85 Zip Code 32738

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: *James F. Hahn*
Signature, typed or printed name of registered agent and fee if applicable

President

3/17/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAHN, JAMES F	
STREET ADDRESS	1055 LAKE ROGERS CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32785	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAHN, JAMES S	
STREET ADDRESS	1055 LAKE ROGERS CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32785	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hahn, James F.	
1.3 STREET ADDRESS	1115 Secret Ln.	
1.4 CITY-ST-ZIP	Deltona, FL 32738	
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: *James F. Hahn* JAMES F. HAHN
Signature and typed or printed name of signing officer or director

4/8/97

407 322-7001

Date

Daytime Phone

CR2E034 (9/96)