

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  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90028 030 \*\*\*150.00

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1. Corporation Name

SORENSEN AIR-CONDITIONED SELF STORAGE, INC.



Principal Place of Business

950 EAU GALLIE BLVD  
MELBOURNE FL 32935

Mailing Address

950 EAU GALLIE BLVD  
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1996

4. FEI Number

59-3397876

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BOYD, JOEL E  
7380 MURRELL RD  
SUITE 100  
MELBOURNE FL 32940

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 D ☐ DELETE  
NAME SORENSEN, SCOTT  
STREET ADDRESS 950 EAU GALLIE BLVD  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE D ☐ DELETE  
NAME SORENSEN, JOAN  
STREET ADDRESS 950 EAU GALLIE BLVD  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE D ☐ DELETE  
NAME MOLLEN, JOHN T  
STREET ADDRESS 3935 HIDDEN OAKS LN  
CITY-ST-ZIP MELBOURNE FL 32934

TITLE D ☐ DELETE  
NAME MOLLEN, BONNIE J  
STREET ADDRESS 3935 HIDDEN OAKS LN  
CITY-ST-ZIP MELBOURNE FL 32934

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  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Mollen, John  
3.3 STREET ADDRESS 6432 Renwick Cir  
3.4 CITY-ST-ZIP Tampa, FL 33647

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Mollen, Bonnie  
4.3 STREET ADDRESS 6432 Renwick Cir  
4.4 CITY-ST-ZIP Tampa, FL 33647

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 the seal of the Secretary of State. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr

CR2E034 (11/98)

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