

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

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90181 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082184

1. Corporation Name
LEGENDARY STORAGE, INC.

Principal Place of Business 385 HIGHWAY 98 STE 60 DESTIN FL 32541	Mailing Address 385 HIGHWAY 98 STE 60 DESTIN FL 32541
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3403869	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEGLER, MITCHELL W
ONE INDEPENDENT DRIVE STE 3104
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name	LEGLER, MITCHELL W.
82 Street Address (P.O. Box Number is Not Acceptable)	300A Wharfside Way
83	
84 City	Jacksonville
85 State	FL
86 Zip Code	32207

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 *Mitchell W. Legler* **Mitchell W. Legler** DATE 3/3/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BOS, PETER H	
STREET ADDRESS	385 HWY 98 E STE 60	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	CLAUSON, GREG	
STREET ADDRESS	385 HWY 98 E, 60	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LORENZEN, DWIGHT	
STREET ADDRESS	385 HWY 98E, 60	
CITY-ST-ZIP	DESTIN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARKER, WENDY	
STREET ADDRESS	385 HWY 98 E, 60	
CITY-ST-ZIP	DESTIN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURKE, GAIL	
STREET ADDRESS	385 HWY 98 E STE 60	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUSFIELD, DAVID A	
1.3 STREET ADDRESS	385 Highway 98E, Ste 60	
1.4 CITY-ST-ZIP	Destin, FL 32541	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLAUSON, GREG	
2.3 STREET ADDRESS	385 Hwy 98E, Ste 60	
2.4 CITY-ST-ZIP	Destin, FL 32541	
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 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Peter H Bos* **Peter H Bos** DATE 4/8/99 DAYTIME PHONE # 850-654-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)