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Feb 22, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000098571**1. Corporation Name

| GATO | R STORAGE, INC. | | | | | | | | | |
|--|--|------------------------------|----------------|----------|-----------------|---------------------------------------|---|--------------------|----------------------------------|-----------------------|
| Principal P | lace of Business | Mailing Address | | | J | | ((40)(30) ((0) 0)(0 0)(() 00 3)(| TOTAL STATE CONTRA | 19193 19191 91111 19 | |
| 1114 ROOSEVELT AVE. LEHIGH ACRES FL 33936 1114 ROOSEVELT AVE. LEHIGH ACRES FL 33936 | | | | | | | DO NOT WI | RITE IN THIS | SPACE | |
| | | <u>-</u> | ~ ~ | | | | . Date Incorporated or Qualife | | | |
| | | | | | | | 12/02/1996 | | | |
| 2. Principa | l Place of Business | 2a. Mailing Address | 5 | | | 4. | , FEI Number | | App | lied For |
| 21 | | 26 | | | | | 65-0712335 | | | Applicable |
| | pt. #, etc. | Suite, Apt. #, et | c. | | | 5 | . Certifcate of Status Desired | | \$8.75 A | |
| 22 | | 27 | | | | 3. | . Controdic of Carlos Bos. Ca | | Fee Rec | quired |
| City & S | State | City & State | | | | 6. | . Election Campaign Financin | 9 [7] | \$5.00 1 | |
| 23 | | 28 | | | | | Trust Fund Contribution | | Added to | Fees |
| Zip | Country | Zip | c | ountry | | 8. | . This corporation owes the cu | ırrent year in | tangible | سا |
| 24 | , 25 | 29 | 30 | | | | Personal Property Tax. | | | ίΝο |
| | 9. Name and Address of Curren | nt Registered Agent | | | , | | . Name and Address of New | Registered | Agent | |
| | | | | 81 | Name | | | | | |
| | ilich, k evin | | | 82 | Street A | Address (I | P.O. Box Number is Not Acce | otable) | | |
| 1114 ROOSEVELT AVE. | | | | | Olleger | , , , , , , , , , , , , , , , , , , , | | , | | |
| LI | EHIGH ACRES FL 33936 | | | 83 | i | • | | | | |
| | | | | \perp | ļ | | | | | |
| | | | | 84 | City | | | FL | 85 Zip C | ode |
| office | ant to the provisions of Sections 607.050 or registered agent, or both, in the State I am familiar with, and accept the obliga | of Florida. Such change | was authoriz | ea by | tne corpo | corporation's b | n submits this statement for the card of directors. I hereby acc | ерг ше арро | changing its r intment as reg | registered istered |
| SIGNATOR | Signature, typed or printed name of registered age | ent and title if applicable. | (NOTE: Registe | red Ager | nt signature re | required when | | DATE | | |
| 12. | OFFICERS A | ND DIRECTORS | | 3. | | | ADDITIONS/CHANGES TO C | FFICERS A | | |
| TITLE | P | DELI | | TITLE | | VP | | | Change | Addition |
| NAME | CORBETT, STEVEN | 1 205 | ່າກ 🕏 | NAME | | Ke | vin Dicien | | | |
| STREET ADDR | ALLA DOODS (ELT. A) (E. | <i></i> | | STREE | TADDRESS | | | - A110 | | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | Rooseve | U | CITY-S | T-ZiP | }' | 14 ROOSCULLT | n Co-c | | |
| TITLE | | ☐ DELI | ETE 2. | TITLE | | | 33936 | • | Change | ☐ Addition |
| NAME | | | 2.3 | NAME | ļ |] | 337.26 | | | |
| STREET ADDR | ESS | | 2.5 | STREE | TADDRESS | | | | | • |
| CITY-ST-ZIP | | | | 4 CITY-S | ST-ZIP | <u> </u> | | | | |
| TITLE | | ☐ DELI | ETE 3. | TITLE | | | | | Change | ☐ Addition |
| NAME | į | | 3.5 | NAME | | | | | | |
| STREET ADDR | ESS | | 3.3 | STREE | T ADDRESS | ; | • • • | | | |
| CITY-ST-ZIP | | | 3. | LCITY-S | ST-ZIP | | 15 11 1 2 | | | |
| TITLE | | ☐ DEL | ETE 4. | TITLE | ~ | | | | Change | Addition |
| NAME | | | 4. | 2 NAME | | | | | - | |
| STREET ADDR | FSS | | 4. | STREE | T ADDRESS | : | | | | |
| CITY-ST-ZIP | | | | CITY-S | | | | | | |
| TITLE | | ☐ DEL | | TITLE | | 1 | | H | Change | Addition |

6.4 CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Date

Daytime Phone #

☐ Change

☐ Addition