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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 24 1997 8:00am Secretary of State

1997

DOCUMENT # DOCOMO102202 (1)

STORM DEPOT OF FLORIDA, INC.									
Principal Place of Business	Mailing Address								



Principa: Place of Business 2001-A AUSTRALIAN AVENUE RIVIERA BEACH FL		Mailing	Mailing Address 2001-A AUSTRALIAN AVENUE RIVIERA BEACH FL 33404-5323				1921/581 118 19(1) \$1(1) \$2(1) \$2(1) \$2(1) \$2(2) \$1(1) \$2(2) \$1(1) \$2(2) \$1(1) \$2(2) \$1(1) \$2(2) \$1(1) \$2(2) \$1(1) \$2(2) \$1(
							3. Date Incorporated or Qualified 12/24/1996	3a. Dat	te of Last Ro	eport	
2. Principal Pla	ace of Business	2a. Mail	ing Address				4. FEI Number	{	Ap	plied For	
21		26					165-0715024	t	No	t Applicable	
Suite, Apt. #, etc		Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired	, 	\$8.75	Additional	
22		27					5. Certificate of Status Desired	<u> </u>	Fee Re	quired	
City & State		<u> </u>	City & State				6. Election Campaign Financing	\$5.00 May Be			
23		28					Trust Fund Contribution	<u> </u>	Added t	io Fees	
Zφ 33404	Country	Zip		—	untry		8. This corporation has liability for int			. 199.032,	
₂₄ 33404		29		30	· · · · ·			Yes .			
	9. Name and Address of Cur	rent Hegistered	Agent		B1	Name	10. Name and Address of New Regi	stered A	gent		
	RSON, DARRELL L				"	Name					
2001-A AUSTRALIAN AVENUE RIVIERA BEACH FL				B2	Street A	rl Address (P.O. Box Number is Not Acceptable)					
					83						
				^	84	City		FL	85 334	Pogle	
11. Pursuant to	the provisions of Sections 607.	0502 and 607.15	08, Florida Sylic	rtes, the a	bove	named o	corporation submits this statement for the pur	roose of	changing it	s registered	
agent Lan	egistered agent, or boin, in the Si n familiar with, and accept the ot	oligations of, Sec	tion 807.0505.1	lorida Sta	tutes	tine corpi i.	oration's board of directors. I hereby accept	ше арро	aritineili ers	registered	
SIGNATURE	Darrell Peterson	///	10 Km				4	1/19/	97		
S	gnature, typed or primed hame of registery.	ı agent ayır tille if saşılı		TE: Registere	d Age	nt signature r	equired when reinstating)	DATE			
12.	OFFICERS	AND DIPLETOR		13,			ADDITIONS/CHANGES TO OFFICE				
Title			☐ DELETE	1.17	ITLE		D	l	Change	KX Addition	
NAME				1.2 6	AME		Darrell Peterson				
STREET ADDRESS				1.3 \$	TREET	ADDRESS	2001 A Australian Avenu			j	
CITY - \$1 - ZIP				1.4 (ITY-S	T-21P	Riviera Beach, FL 33404	+			
TITLE			☐ DELETE	2.17	ITLE		D	l	Change	KX Addition	
NAME				2.2 k	IAME		Patrick Sullivan				
STREET ACRORESS				2.3 \$	TREET	ADDRESS	2001 A Australian Avenu	ıe 🕟			
CITY - S1 - ZIP				2.4	CITY-S	ST-ZIP	Riviera Beach, FL 33404	4			
THE			☐ DELETE	3.1 T	ITLE	- 1			Change	Addition	
NAME				3.2 N	AME	1					
STREET ADDRESS				3.3 9	TAEET	ADDRESS					
CITY - ST - ZIP				3.4.	CITY-S	ST-20P					
THEE			DELETE	4.1]	ITLE				Change	Addition	
NAME				4. 2	NAME	- 1					
STREET ADDRESS				4.3 9	TREET	ADDRESS					
City - St - ZiP				4.4 (HTY-\$	T-21P					
TIFLE			DELETE	5.1 T	ITLE	T			Change	☐ Addition	
NAME				5.21	IAME						
STREET ADDRESS				5.3 \$	TREET	ADDRESS					
CHTY - ST - 7IP				5.4 (ITY-S	T-ZIP					
TITLE			DELETE	6.11					Change	Addition	
NAME				6.2 1	AME						
STHEET ADDRESS				6.3 5	TREET	ADDRESS					
CITY-ST-ZIP					ITY-9	1					
										A	

14. I do hereby certify that the information supplied with this filing does not qualify of 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 too 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: Darrell Peterson

4/19/97

(561) 848-1616

Daytime Plione # 0006057