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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000001063

1. Corporation Name

SECURITY SELF STORAGE, INC.

Principal Place of Business / Mailing Address
1921 S. Suncoast Blvd.
Crystal River, FL 34429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **1/2/97**

2. Principal Place of Business
21 **1227 S. Lecanto Hwy.**
22 Suite, Apt. #, etc
23 City & State: **LECANTO, FL**
24 Zip: **34461** 25 Country

2a. Mailing Address
26 **P. O. Box 970**
27 Suite, Apt. #, etc
28 City & State: **LECANTO, FL**
29 Zip: **34460** 30 Country: **USA**

4. FEI Number: **59-3429798** ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CROSLEY, Jim R.
1744 E. Bismark Street
Hernando, FL 34442

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 duties and responsibilities of Section 607.0505, Florida Statutes.

SIGNATURE: JIM R. CROSLEY 5/7/98
Signature of New or Former Registered Agent (if changed) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Arnold B. Ross	12 NAME	
STREET ADDRESS	15250 Amberly Dr., Apt 3321	13 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33647	14 CITY-ST-ZIP	
TITLE	EVP ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Jim R. Crosley	22 NAME	
STREET ADDRESS	1744 E. Bismark Street	23 STREET ADDRESS	
CITY-ST-ZIP	Hernando, FL 34442	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 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 added to the report.

SIGNATURE: _____ 5/7/98 352/527-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)