CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000012099

A.O.K. STORAGE, INC.

1. Corporation Name

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90078 035 ***150.00

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Principal Pla	ice of Business	Mailing Address							
202 12TH ST		202 12TH STREET WEST			1				
BRADENTON	FL 34205	BRADENTON FL 34205			DO NOT WRIT	E IN THIS	SPACE		_
!					3. Date incorporated or Qualifed				}
!					02/06/1997				
2 Principal	Place of Business	2a. Mailing Address			4. FEI Number		-11/	Applied For]
'!	Figure Of Cushinass	26			65-0795396			lot Applicable	3
21 1 Suite, Api	t # etc	Suite, Apt. #, etc.				Π.	\$8.75	Additional -	1
22		27		=	5. Certificate of Status Desired	<u> </u>	Fee f	Required	J
City & Sta	ate	City & State			6. Election Campaign Financing		\$5.0	May Be	1
23		28			Trust Fund Contribution		Adder	to Fees	4
Zip	Country	Zip	Count	ry	8. This corporation owes the curre	nt year iniz			1
24	25	29 30			Personal Property Tax.		Yes	No	4
	9. Name and Address of Current	Registered Agent	$=$ \Box		10. Name and Address of New R	egistered /	Agent		┨
	1		8	1 Name	ARTER COPELAN	io C	<u>.</u>		ļ
SE	ARCY, HERMAN M		8	2 Street Add	ress (P.O. Box Number is Not Acceptat				1
	0 301 BOULEVARD WEST		L	207	2 12th ST W				4
	TTE 124		8	3	·				1
BR	ABENTON FL 34205		8	4 City	1		as Zir	Code Z	1
]			- 1	71 ~~"."."."."."."."."."."."."."."."."."."	ADENTON poration submits this statement for the p	FL	13	4200]
11, Pursuar	nt to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	the abo	ve-named cor	poration submits this statement for the	purpose of	changing i	ts registered	ĺ
office or	nt to the provisions of Sections 607.0502 r registered agent, or both, in the State of I am familiar with, and accept the obligation	Florida, Such Change was authors of, Section 607,0505, Florida	Statute	y tne corporat 33.	and a board of directors. I hereby accept	t uto appoi	in ingin as i		1
ſſ	E COPELAND C. CA	esen (d	D.1/2	well to	Part	<i>5-7-</i>	49		
SIGNATURI	Signature, typed or printed name of registered agent is	nd title if applicable. (NOTE Play	Shred Ag	ens alghature requir	ad when tenerating)	DATE			√ ǵ
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	☐ Change	ORS IN 12	11/08
TITLE	D	☐ DELETE	1,1 TITLE						
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STREET ADORES	ss 202 12TH STREET WEST		1.3 STRE	ET ADDRESS					Į į
CITY-ST-ZP	BRADENTON FL 34205		1.4 CITY-				<u> </u>	Addition	- 1 2
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14. I heraby certify that the information supplied with this filling 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