

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000031896 (8)

1. Corporation Name  
BAYONET SELF STORAGE, INC.

Principal Place of Business 7068 PEBBLE BEACH LANE LARGO FL 34647	Mailing Address 7068 PEBBLE BEACH LANE LARGO FL 34647
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7132 SR-52 Suite, Apt. #, etc. 22 City & State 23 Bayonet Point, Florida Zip 24 34667		2a. Mailing Address 26 7068 Pebble Beach Lane Suite, Apt. #, etc. 27 City & State 28 Largo, Florida Zip 29 33177		3. Date Incorporated or Qualified 04/07/1997	
25 USA		30 USA		4. FEI Number 59-3443977 Applied For Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent GOTTJEB & GOTTJEB PA 2475 ENTERPRISE RD STE 100 CLEARWATER FL 34623		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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	0 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBERSON, JOHN C	1.2 NAME	John C. Culberson, Trustee of Trust dated June 1, 1993
STREET ADDRESS	2927 DENEIGH DR	1.3 STREET ADDRESS	2927 Deneigh Dr.
CITY-ST-ZIP	HATFIELD PA 19440	1.4 CITY-ST-ZIP	Hatfield, PA 19440
TITLE	0 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	0 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBERSON, JAMES B	2.2 NAME	James B. Culberson, Trustee of Trust dated June 1, 1993
STREET ADDRESS	7068 PEBBLE BEACH LANE	2.3 STREET ADDRESS	7068 Pebble Beach Lane
CITY-ST-ZIP	SEMINOLE FL 34647	2.4 CITY-ST-ZIP	Seminole, FL 33177
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)