FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$55 00 **PROFIT** May 11 1998 8:00am EL ORIDA DEPARTMENT C CORPORATION Sandra B. Morth ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORA 1998 ONS DOCUMENT # P9700038420 (0) **OUT-A-SPACE PERSONAL STORAGE, INC.** Principal Place of Business Mailing Address POST OFFICE BOX 770496 POST OFFICE BOX 770496 WINTER GARDEN FL 34777-0496 WINTER GARDEN FL 34777-0496 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/28/1997 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 21 26 65-0765149 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Cou Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JOHNSON, BLAIR M Name **425 SOUTH DILLARD STREET** Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN FL 34787 City Zip Code 85 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add 13. DELETE TITLE 1.11 Addition JOHNSON, BLAIR M NAME 1.2 N **POST OFFICE BOX 770496** 425 South Dillard Street STREET ADDRESS REET ADDRESS WINTER GARDEN FL 34777-0496 Winter Garden, FL 34787 CITY-ST-ZIP Y-ST-ZIP DELETE XXX Change TITLE 2.1 T Addition ADKINS, J D NAME 2.2 N 425 South Dillard Street **POST OFFICE BOX 770496** HEET ADDRESS STREET ADDRESS 235 WINTER GARDEN FL 34777-0496 Winter Garden, FL 34787 CITY-ST-ZIP DELETE TITLE 311 Change ☐ Addition JUNE, RANDY NAME 32 N **POST OFFICE BOX 770496** 425 South Dillard Street STREET ADDRESS REET ADDRESS WINTER GARDEN FL 34777-0496 Winter Garden, FL 34787 CITY-ST-ZIP DELETE TITLE 4.1 Change Addition NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-ZIP DELETE 5.1 3 TITLE Change ☐ Addition NAME STREET ADDRESS REET ADDRESS

Y-SI-ZIP

KEET ADDRESS

Y-ST-ZIP

61

6.2

DELETE

14. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate ar officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or of an attachment with an address.

BLAIR JOHNSON DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is roport as required by Chapter 607, Florida Statutes; and that my name appears in

4/16/98

(407) 656-5521

Change

Addition