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FILED
May 14 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 # P97000045712 (1)

1. Corporation Name

TAMPA BAY STORAGE, INC.



Principal Place of Business

~~601 E. TWIGGS ST., STE. 300,
TAMPA FL 33602~~

Mailing Address

~~601 E. TWIGGS ST., STE. 300,
TAMPA FL 33602~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 201 E. DAVIS BLVA

Suite, Apt. #, etc.

22 City & State
TAMPA, FL

23 Zip
33606

24 Country

25

9. Name and Address of Current Registered Agent

~~MYERS, CLIFFORD G.
601 E. TWIGGS ST., STE. 300
TAMPA FL 33602~~

2a. Mailing Address

26 201 E. DAVIS BLVA

Suite, Apt. #, etc.

27 City & State
TAMPA, FL

28 Zip
33606

29 Country

30

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

59-3499256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

81 Name

CLIFTON A. LIVINGSTON

82 Street Address (P.O. Box Number is Not Acceptable)

201 E. DAVIS BLVA

83

84 City

TAMPA

FL

85 Zip Code

33606

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

Clifton A. Livingston

(NOTE: Registered Agent signature required when reinstating)

4/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MYERS, CLIFFORD G
STREET ADDRESS 601 E. TWIGGS ST., STE. 300
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME CLIFTON A. LIVINGSTON
STREET ADDRESS 201 E. DAVIS BLVA
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

Clifton A. Livingston

DIRECTOR
CLIFTON A. LIVINGSTON

4/27/98 254-7777

CR2E034 (10/97)