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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P970000

P97000047021 (5)

PARLIAMENT STORAGE, INC.

Principal Place of Business Mailing Address 4501 ULMERTON RD 4501 ULMERTON RD CLEARWATER FL 34622 CLEARWATER FL 34622 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/27/1997 FEI Number 59 3448 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible X Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CROWDER, J M 6101 WISTERIA LOOP 82 Street Address (P.O. Box Number is Not Acceptable) LAND O LAKES FL 34639 83 84 City 85 Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition CHRISTIANO, EDWARD J 1.2 NAME NAME 13790 ROOSEVELT BLVD 1.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 34622 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP __ DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME

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 a attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

115/93

FILED

Jan 29 1998 8:00am

Secretary of State

CH2E034 (10/9/

Change

Change

Addition

Addition