

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062152

1. Corporation Name

APOLLO BEACH MINI-STORAGE, INC.

Principal Place of Business

ONE PASCO CENTER
30403 COMMERCE DR.
SAN ANTONIO FL 33576

Mailing Address

ONE PASCO CENTER
30403 COMMERCE DR.
SAN ANTONIO FL 33576

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90049 019 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1997

4. FEI Number 59-3508437

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PETERSON, MICHAEL L~~
~~218 APOLLO BEACH BLVD.~~
~~APOLLO BEACH FL 33572~~

81. Name

John J. Curatelli, Jr.

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

6301 Marabella Blvd.

83.

84. City

Apollo Beach

FL

85. Zip Code

33572

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

John J. Curatelli, Jr.
Signature, typed or printed name of registered agent and title (if applicable).

John J. Curatelli, Jr.

2/26/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	PHAGAN, RICHARD L.	
STREET ADDRESS	928 ALLEGRO LANE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phagan, Richard L.	
1.3 STREET ADDRESS	6412 US Hwy. 41 N.	
1.4 CITY-ST-ZIP	Apollo Beach FL 33572	
2.1 TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Paul W. McMahan	
2.3 STREET ADDRESS	2622 Twelve Point Drive	
2.4 CITY-ST-ZIP	Lakeland FL 33811	
3.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John J. Curatelli, Jr.	
3.3 STREET ADDRESS	6301 Marabella Blvd.	
3.4 CITY-ST-ZIP	Apollo Beach FL 33572	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Paul W. McMahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 941 646-2639
Date Daytime Phone #

CR2E034 (11/98)