

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

**FILED**  
**Jun 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *P97000076129*

1. Corporation Name:  
*Storage Trailers of Florida, Inc.*

Principal Place of Business	Mailing Address
<i>P.O. Box 1056                  21 East Pine Street                  Avon Park, FL 33826</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <i>21 East Pine Street</i>	26 <i>P.O. Box 1056</i>	<i>65-0795384</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 <i>Avon Park, FL</i>	28 <i>Avon Park, FL</i>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 <i>33825</i>	29 <i>33826</i>	30 <i>USA</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

*Robert H. Barber  
 1146 Lake Lotela Dr.  
 Avon Park, FL 33825*

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 007.0502 and 007.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 agree to the provisions of Section 007.0505, Florida Statutes.

SIGNATURE: *Robert H. Barber* **Robert H. Barber - President 04-24-98**  
(Print Name) (Print Name and Title) (Date)

12. OFFICERS AND DIRECTORS

TITLE	<i>President</i>	<input type="checkbox"/> DELETE
NAME	<i>Robert H. Barber</i>	
STREET ADDRESS	<i>1146 Lake Lotela Drive</i>	
CITY-ST-ZIP	<i>Avon Park, FL 33825</i>	
TITLE	<i>Vice-President</i>	<input type="checkbox"/> DELETE
NAME	<i>John P. Barber</i>	
STREET ADDRESS	<i>565 Lake Lotela Drive</i>	
CITY-ST-ZIP	<i>Avon Park, FL 33825</i>	
TITLE	<i>Vice-President</i>	<input type="checkbox"/> DELETE
NAME	<i>John G. Whitehead</i>	
STREET ADDRESS	<i>3721 Creekside Drive</i>	
CITY-ST-ZIP	<i>Sebring, FL 33872</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 on 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 combined 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 business covered by this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this document or in the attached statement with an address.

SIGNATURE: *Robert H. Barber* **Robert H. Barber 04-24-98 941-453-2175**  
(Print Name) (Print Name and Title) (Date) (Daytime Phone #)

CR2E034 (10/97)