

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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90019 001 \*\*\*150.00

DOCUMENT # P97000092174

1. Corporation Name  
BRANFORD SELF STORAGE, INC.

Principal Place of Business  
114 N.E. FIRST ST.  
TRENTON FL 32693

Mailing Address  
P.O. BOX 308  
TRENTON FL 32693



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/24/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3469354	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		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

BURT, THEODORE M  
114 N.E. FIRST ST.  
TRENTON FL 32693

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, GEORGE P	1.2 NAME	
STREET ADDRESS	208 SW PLANT AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL 32008	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, IVA T	2.2 NAME	
STREET ADDRESS	208 SW PLANT AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL 32008	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABORIN, PIERRE A	3.2 NAME	
STREET ADDRESS	8596 208TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OBRIEN FL 32071	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABORIN, BEVERLY J	4.2 NAME	
STREET ADDRESS	8596 208TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OBRIEN FL 32071	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

904-935-1953

Daytime Phone #

CR2E034 (1/198)

0066705