

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90150 015 ***158.75

DOCUMENT # P98000033998

1. Corporation Name
AIRPORT BUSINESS MINI-STORAGE, INC.



Principal Place of Business

4500 - 140TH AVENUE NORTH STE. 101
CLEARWATER FL 33762

Mailing Address

4500 - 140TH AVENUE NORTH STE. 101
CLEARWATER FL 33762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1998

4. FEI Number

59-3509885

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

2. Principal Place of Business

21 4500 140th Ave N. #101

2a. Mailing Address

26 P.O. Box 17309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Clearwater, FL

27 City & State

28 Clearwater, FL

24 Zip

33762

Country

25 Pinellas

29 Zip

33762

Country

30 Pinellas

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301

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

TITLE D ☐ DELETE

NAME ENGELHARDT, DANIEL A

STREET ADDRESS 4500 - 140TH AVENUE NORTH STE. 101

CITY-ST-ZIP CLEARWATER FL 33762

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

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 D P ☒ Change ☐ Addition

1.2 NAME Daniel A. Engelhardt

1.3 STREET ADDRESS 4500 140th Ave N #101

1.4 CITY-ST-ZIP Clearwater, FL 33762

2.1 TITLE D VP ☐ Change ☒ Addition

2.2 NAME Steven Engelhardt

2.3 STREET ADDRESS 4500 140th Ave N #101

2.4 CITY-ST-ZIP Clearwater, FL 33762

3.1 TITLE D VP ☐ Change ☒ Addition

3.2 NAME Paul Engelhardt

3.3 STREET ADDRESS 4500 140th Ave N #101

3.4 CITY-ST-ZIP Clearwater, FL 33762

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, with all other like empowered.

SIGNATURE:

Daniel A. Engelhardt
ENGELHARDT

Date

Daytime Phone #

26 Feb,

1999

(727) 539-7002

CR2E034 (11/98)

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