

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

0032902

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90036 043 ***150.00

DOCUMENT # **P98000046292**

1. Corporation Name

ONSITE MOBILE STORAGE, INC.

Principal Place of Business

**1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32204**

Mailing Address

**1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1998

2. Principal Place of Business

21 9531 East Florida Mining

2a. Mailing Address

26 same

4. FEI Number

59-3525779

Applied For

Not Applicable

Suite, Apt. #, etc.

Blvd.

Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

Zip Country

24 32241 25 US

Zip Country

29 30

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

**HOUSTON, CLARENCE H JR.
1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32204**

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 ☐ 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
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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 **Ray G. Wolford, President** ☐ Change ☒ Addition
1.2 NAME **12882 Mead Landing Ct.**
1.3 STREET ADDRESS **Jacksonville, FL 32223**
1.4 CITY-ST-ZIP

2.1 TITLE **Diane Wilson, Vice President** ☐ Change ☒ Addition
2.2 NAME **9531 East Florida Mining Blvd.**
2.3 STREET ADDRESS **Jacksonville, FL 32241**
2.4 CITY-ST-ZIP

3.1 TITLE **William I. Gulliford, Treasurer** ☐ Change ☒ Addition
3.2 NAME **75 Beach Ave.**
3.3 STREET ADDRESS **Atlantic Beach, FL 32233**
3.4 CITY-ST-ZIP

4.1 TITLE **C. H. Houston, Jr., Secretary** ☐ Change ☒ Addition
4.2 NAME **1050 Riverside Avenue**
4.3 STREET ADDRESS **Jacksonville, FL 32204**
4.4 CITY-ST-ZIP

5.1 TITLE **C. A. Cherry, Jr., Director** ☐ Change ☒ Addition
5.2 NAME **P. O. Box 56**
5.3 STREET ADDRESS **Orange Park, FL 32067**
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)