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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000056091

1. Corporation Name

PAUL & JERRY'S SELF STORAGE UNIT III, INC.

Principal Place of Business
**1795 NORTH FLORIDA AVE
HERNANDO FL 34442**

Mailing Address
**1795 NORTH FLORIDA AVE
HERNANDO FL 34442**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

59-355-3089

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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LAFOND, PAUL
1795 NORTH FLORIDA AVE
HERNANDO FL 34442**

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 **D LAFOND, VINCE**
STREET ADDRESS **1795 NORTH FLORIDA AVE**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE ☐ DELETE

NAME **D LAFOND, PAUL**
STREET ADDRESS **1795 NORTH FLORIDA AVE**
CITY-ST-ZIP **HERNANDO FL 34442**

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 ☒ Change ☐ Addition

NAME **President Vincent Lafond**
STREET ADDRESS **1795 No Florida Ave**
CITY-ST-ZIP **Hernando FL 34442**

2.1 TITLE ☒ Change ☐ Addition

NAME **Vince Lafond**
STREET ADDRESS **1795 No Florida Ave**
CITY-ST-ZIP **Hernando FL 34442**

3.1 TITLE ☐ Change ☐ Addition

NAME **Secretary Jerit Lafond**
STREET ADDRESS **1795 No Florida Ave**
CITY-ST-ZIP **Hernando FL 34442**

4.1 TITLE ☐ Change ☐ Addition

NAME **Treasurer Paul Lafond**
STREET ADDRESS **1795 No Florida Ave**
CITY-ST-ZIP **Hernando FL 34442**

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 Lafond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25, 1999
Date

352-860-2049
Daytime Phone #

CR2E034 (11/98)