

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90098 015 ***150.00

DOCUMENT # P98000075656

1. Corporation Name

LAKE UNDERHILL SELF-STORAGE, INC.

Principal Place of Business

**9316 THURLOE PLACE
ORLANDO FL 32827**

Mailing Address

**9316 THURLOE PLACE
ORLANDO FL 32827**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1998

4. FEI Number

59-3527664

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

2301 BARRATT CT

Suite, Apt. #, etc.

NARCOOSSEE

City & State

ST CLOUD FLORIDA

Zip

34771 8735

Country

OSCEOLA

2a. Mailing Address

2301 BARRATT CT

Suite, Apt. #, etc.

(NARCOOSSEE)

City & State

ST CLOUD FLORIDA

Zip

34771

Country

OSCEOLA

9. Name and Address of Current Registered Agent

**MORGAN, CLIFFORD R II
9316 THURLOE PLACE
ORLANDO FL 32827**

10. Name and Address of New Registered Agent

81 Name

PAT MCCAREY

82 Street Address (P.O. Box Number is Not Acceptable)

2301 BARRATT CT

83

NARCOOSSEE

84 City

ST CLOUD

FL

85 Zip Code

34771

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

Pat McCarey

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **MORGAN, CLIFFORD R II**

STREET ADDRESS **9316 THURLOE PLACE**

CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **D & PRESIDENT** ☐ DELETE

NAME **MCCAREY, PAT**

STREET ADDRESS **2301 BARRATT COURT**

CITY-ST-ZIP **NARCOOSSEE FL 34771**

TITLE **D & VICE PRESIDENT** ☐ DELETE

NAME **MCCAREY, RICH**

STREET ADDRESS **3001 HUNTINGTON ST.**

CITY-ST-ZIP **ORLANDO, FLORIDA 32806**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

Pat McCarey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

DATE

407 957 0097

DAYTIME PHONE #

CR2E034 (1/98)

0106045