

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 22, 1999 8:00 am  
Secretary of State

02-22-1999 90146 046 \*\*\*150.00

DOCUMENT # P98000093969

1. Corporation Name  
STORAGE CENTER-HARDEN, INC.



Principal Place of Business  
1905 S. FLORIDA AVENUE  
LAKELAND FL 33803

Mailing Address  
1905 S. FLORIDA AVENUE  
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/05/1998

4. FEI Number  
59-3540306

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRITTON, CHARLES P  
5300 SOUTH FLORIDA AVENUE  
LAKELAND FL 33813

81 Name  
R. GUERRY JONES

82 Street Address (P.O. Box Number is Not Acceptable)  
1905 S. FLORIDA AVE.

83

84 City  
LAKELAND

FL

85 Zip Code  
33803

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 *R. Guerry Jones* R. GUERRY JONES

1-5-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HARPER, ROBERT F. IV  
5742 COVEVIEW DRIVE  
LAKELAND, FL 33813

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JONES, R. GUERRY  
1905 S. FLORIDA AVE.  
LAKELAND, FL 33803

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PETTERSON, JOHN E.  
71 SHADOW LANE  
LAKELAND, FL 33813

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HAMIG, STEPHEN H.  
1905 S. FLORIDA AVE.  
LAKELAND, FL 33803

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *R. Guerry Jones* R. GUERRY JONES

1-5-99 (941) 682-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0429373

CR2E034 (1/98)