

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90146 045 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000095960

1. Corporation Name

STORAGE CENTER-AUBURNDALE, 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

11/12/1998

4. FEI Number

59-3541988

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

9. Name and Address of Current Registered Agent

CHRITTON, CHARLES P  
5300 SOUTH FLORIDA AVENUE  
LAKELAND FL 33813

10. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> DELETE
NAME	HARPER, ROBERT F. IV	
STREET ADDRESS	5742 COVEVIEW DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, R. GUERRY	
STREET ADDRESS	1905 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETTERSON, JOHN E.	
STREET ADDRESS	71 SHADOW LANE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMIC, STEPHEN H.	
STREET ADDRESS	1905 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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 #

CR2E034 (1/98)