FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
*ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S05685

1. Corporation Name
Tallahassee Storage Developers, Inc.

Principal Place of Business	Mailing Address
2545 Noble Drive Tallahassee, FL 32312-3488	Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/1/90	2/4/94

2. Principal Place of Business	2a. Mailing Address
21 2545 Noble Drive	26 2545 Noble Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, Florida	City & State 28 Tallahassee, Florida
Zip / Country 24 32312-3488 / 25 Leon	Zip / Country 29 32312-3488 / 30 Leon

4. FEI Number: 59-3054666 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Smith, W. Crit 3520 Thomasville Road, 4th Floor Tallahassee, FL 32308-3469	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 _____ 4/24/95
Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mailed by — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director/Secretary	11 TITLE	☐ Change ☐ Addition
NAME	J. H. Dowling, Jr.	12 NAME	
STREET ADDRESS	522 Vinnedge Drive	13 STREET ADDRESS	
CITY ST ZIP	Tallahassee, Florida	14 CITY ST ZIP	
TITLE	Director/President	21 TITLE	☐ Change ☐ Addition
NAME	Gerald D. Bryant	22 NAME	
STREET ADDRESS	2545 Noble Drive	23 STREET ADDRESS	200001474202
CITY ST ZIP	Tallahassee, Florida	24 CITY ST ZIP	-05/03/95--01155--023 ****200.00 ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Gerald D. Bryant 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
GERALD D. BRYANT, President