

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 PM 3:45

DOCUMENT # S15968

(8)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

TOWER MINI STORAGE, INC.

Principal Place of Business

Mailing Address

% KENNETH R. HENDERSON
1479 BAY POINT DRIVE
SARASOTA FL 34236

% KENNETH R. HENDERSON
1479 BAY POINT DRIVE
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/29/1990

3a. Date of Last Report

05/24/1994

4. FEI Number

59-3048297

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, JOHN F.
1819 MAIN STREET
SUITE 610
SARASOTA FL 34236

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PTD
NAME: HENDERSON, KENNETH R.
STREET ADDRESS: 1479 BAY POINT DR
CITY - ST - ZIP: SARASOTA FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

TITLE: SD
NAME: HENDERSON, SUSANNE G.
STREET ADDRESS: 1479 BAY POINT DR
CITY - ST - ZIP: SARASOTA FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

TITLE: D
NAME: HENDERSON, JAMES D.
STREET ADDRESS: 730 RELIM LANE
CITY - ST - ZIP: SARASOTA FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE: D
NAME: HENDERSON, DAVID P.
STREET ADDRESS: 1479 BAY POINT DR
CITY - ST - ZIP: SARASOTA FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

TITLE: D
NAME: HENDERSON, MICHELLE
STREET ADDRESS: 730 RELIM LANE
CITY - ST - ZIP: SARASOTA FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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 110.07(3)(b), 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:

Kenneth R. Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH R. HENDERSON

4/27/95
Date

878-371-5995
Daytime Phone #