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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 1:59

DOCUMENT # **S62242** **(0)**

1. Corporation Name
ISLAND SELF STORAGE, INC.

Principal Place of Business	Mailing Address
20-25 A-1-A- SOUTH ST. AUGUSTINE BEACH FL 32084	20-25 A-1-A- SOUTH ST. AUGUSTINE BEACH FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/20/1991	05/27/1994

2. Principal Place of Business	2a. Mailing Address
21 305 AIA Beach Blvd.	26 305 AIA Beach Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Augustine, FL	City & State 28 St. Augustine, FL
Zip 24 32084 Country 25 St. Johns	Zip 29 32084 Country 30 St. Johns

4. FEI Number: 59-3082268 ☐ 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
BINNINGER, CHARLES 20 25 A-1-A- SOUTH ST. AUGUSTINE FL 32084	81 Name: Binninger, Charles. 82 Street Address (P.O. Box Number is Not Acceptable): 305 AIA Beach Blvd. 83 84 City: St. Augustine FL 85 Zip Code: 32084

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) (NEW Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	BINNINGER, CHARLES	12 NAME	Binninger, Charles
STREET ADDRESS	2025 A-1-A- SOUTH	13 STREET ADDRESS	305 AIA Beach Blvd
CITY ST ZIP	ST AUGUSTINE BCH FL	14 CITY ST ZIP	St. Augustine, FL 32084
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	KENNEY, JAMES A.	22 NAME	Kenney, James A.
STREET ADDRESS	2025 A-1-A- SOUTH	23 STREET ADDRESS	305 AIA Beach Blvd.
CITY ST ZIP	ST AUGUSTINE BCH FL	24 CITY ST ZIP	St Aug FL 32084
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	BINNINGER, ANNE	32 NAME	Binninger, Anne
STREET ADDRESS	2025 A-1-A- SOUTH	33 STREET ADDRESS	305 AIA Bch Blvd
CITY ST ZIP	ST AUGUSTINE BCH FL	34 CITY ST ZIP	St. Augustine, FL 32084.
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: Charles Binninger 2-23-95 (904) 471-3388
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES BINNINGER

0402070 FP