FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S84545** **(0)**

1. Corporation Name

SALT CREEK SAFE STORAGE, INC.

Principal Place of Business	Mailing Address
1600 3RD ST. SO. **ST. PETERSBURG FL 33707**	**3711 CORTEZ RD. W.** **SUITE 300** **BRADENTON FL 34210**

2. Principal Place of Business	2a. Mailing Address
21 **3711 Cortez Rd. W.**	26
Suite, Apt. #, etc 22 **Suite 300**	Suite, Apt. #, etc 27
City & State 23 **Bradenton, FL**	City & State 28
Zip / Country 24 **34210** 25 **USA**	Zip / Country 29 30

3. Date Incorporated or Qualified: **10/02/1991**
3a. Date of Last Report: **12/18/1995**
4. FEI Number: **59-3097585** ☐ 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

PHILLIPS, JOHN RASH
4620 6TH ST. SO
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name: **BLACKMER, THOMASINE**
82 Street Address (P.O. Box Number is Not Acceptable): **3711 Cortez Rd. W.**
83 **Suite 300**
84 City: **Bradenton** **FL** 85 Zip Code: **34210**

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: Thomasine Blackmer 4-17-96
Signature, typed or printed name of registered agent and title if applicable (for FL Registered Agent Signature is required before filing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PSTD** **PHILLIPS, JOHN RASH** **4620 6TH STREET SOUTH** **ST. PETERSBURG FL** ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	**PD** **Neal, Paul Jr.** **3711 Cortez Rd.W., Suite 300** **Bradenton, FL 34210** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	**VP** **Benson, John III** **3711 Cortez Rd. W., Suite 300** **Bradenton, FL 34210** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	**VPT** **Schier, James R.** **3711 Cortez Rd. W., Suite 300** **Bradenton, FL 34210** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	**S** **Byrnes, Karen L.** **3711 Cortez Rd. W., Suite 300** **Bradenton, FL 34210** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	**AS** **Blackmer, Thomasine** **3711 Cortez Rd. W., Suite 300** **Bradenton, FL 34210** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 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 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: James R. Schier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — **941/758-0877** Daytime Phone #

CR2E034 (12/95)