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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	DINOION OF						
DOCUI	MENT # <b>S84545</b>	(0)						
	REEK SAFE STORAGE, INC				1			
J					A ARRAGANA ARA ARANA RASA RASA RASA	HA <b>su</b> g <b>a</b> h <b>s</b>	<b>a</b> n <b>186</b> 0 <b>186</b> 0	S444 (9.9)
District Disc	I F Comment	A A War & Alabara						HALAA (
Principal Place of Business Mailing Address 3711 CORTEZ ROAD WEST 3711 CORTEZ RD. W.								
SUITE 300		SUITE 300						
BRADENTON FI	L 34210	BRADENTON FL 34210-31	108		3. Date Incorporated or Qualifie	d <b>ta</b> Da	ite of Last R	enort
00					10/02/1991		1/1996	орол
2. Principal P	lace of Business	2a. Mailing Address	<del>. ,</del> ,	<del> </del>	4. FEI Number			plied For
21	N Ala	Suite, Apt. #, etc.	, T		59-3097585			ot Applicable
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired		\$8.75 A	
City & State	0	City & State					\$5.00	
23		28	1 6 4		Trust Fund Contribution		Added t	
Z(p 24	Country 25	<b>Z</b> ip <b>29</b>	Country 30		<ol> <li>This corporation has liability I Florida Statutes</li> </ol>	or intangible X Yes		199.032,
24]	9. Name and Address of Curren				10. Name and Address of New	,		
BLAC	CKMER, THOMASINE		81	Name) /	SON, ANN M.			
	3711 CORTEZ ROAD WEST				ess (P.O. Box Number is Not Accept	table)		
SUITE 300				37/	/ CORTER KD	$\omega$ .		
BRA	DENTON FL 34210		83	Bur	te 300			
			84	City B.	PDENTIN	FL	85 Zip (	Code スノン
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the above-	named corp	poration submits this statement for th		changing it	s registered
office or / agent I a	to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the oblig.	of Florida. Such change was ations of, Section 607.0505, I	s authorized by t Florida Statutes.	ne corporat	lion's board of directors. I hereby ac	cept the app	ointment as	registered
SIGNATURE	ann m. al	son A	UN m.	0650	N 4/2	5/97		
12.	Signature, typed or printed name of registered age OFFICERS AN	on and tile it applicable. (NO	OTE Registered Agent	signature requi	red when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	A	3		Change	Addition
NAME	NEAL, JR. PAUL		1.2 NAME	0	LSON, ANN M.			
STREET ADDRESS	3711 CORTEZ ROAD WEST SI	UNE 300	1.3 STREET A	DDRESS (8)	III CORTEZ RO	$\omega$ .	4.60	
City-St-ZiP Title	BRADETON FL	DELETE	1.4 City-St- 2.1 Title	ZIP	BRADONTON FL	342	Change	Addition
NAME	BENSON, JOHN III	DECELLE .	2.2 NAME				- Charle	
STREET ADDRESS	3711 CORTEZ ROAD WEST #	300	23 STREET A	DDAESS		*		Ì
CITY-S1-ZF	BRADENTON FL		2. 4 CITY - ST	- ZIP	······································	·····		
THILE	VPT	DELETE	3.1 TITLE	ļ			Change	Addition
NAME	SCHIER, JAMES R. 3711 CORTEZ ROAD #300		3.2 NAME					
STREET ADDRESS	BRADENTON FL		3.3 STREET A	ł				
CITY - ST - ZOP THUE	S	DELETE	3.4. CITY-ST 4.1 TITLE	-211	**************************************		Change	Addition
NAME	BYRNES, KAREN L.		4. 2 NAME				-	Ì
STREET ADORESS	3711 CORTEZ ROAD #300		4.3 STREET A	ODAESS				ļ
CHY-ST-ZIP	BRADENTON FL	37	4.4 CITY-ST	ZIP			T 3.	
TILE	AS THOMASINE	DELETE	5.1 TITLE	}			Change	Addition
NAME STREET ADDRESS	BLACKMER, THOMASINE   3711 CORTEZ ROAD WEST SI	JITE 300	5.2 NAME 5.3 STREET A	nnerss				
City - \$1-Zip	BRADENTON FL	MITTER AND	5.4 CITY - ST-	· .				
TITLE		DELETE	6.1 TITLE			,	Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET A	DORESS				
0f(Y-S)-7iP	his cartifust hat the sefection tion is well-	d with this filing does not any	64 CiTY-ST-		d in Section 119 07/21/IV Florida Cont	itas   furtha	oortifu that	tho
informatic	by certify that the information supplie on indicated on this annual report or s	supplemental annual report is	s true and accur	ate and that	t my signature shall have the same i	egal effect as	if made un	der oath; that I
r am an o appears i	officer or director of the corporation or in Block 12 or Block 13 if changed, o	i me receiver or trustee empo r on an attachment with an a	owerea to execu daress	te this repoi	ri as required by Chapter 607, Florid	· _	nd that my r	iame

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF GINING OFFICER OR DIRECTOR

4-25-97

941/ 756-067

**FILED** 

May 14 1997 8:00am

Secretary of State

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