FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
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95 MAY 22 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **V31763** **(8)**

1. Corporate Name

INLET PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2650 N DIXIE FREEWAY NEW SMYRNA BEACH FL 32170-0272	2650 N. DIXIE FREEWAY NEW SMYRNA BEACH FL 32170 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1992**

3a. Date of Last Report: **05/09/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3125304** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Other — 22

Suite, Apt. # or Other — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ZIP — 24 — County — 25 — ZIP — 29 — County — 30

8. The corporation has liability or 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
HENDRY, WILLIAM D 2650 N DIXIE FREEWAY NEW SMYRNA BEACH FL 32170-0272	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 Section 607.0501 and 607.1008, 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

12. OFFICER/DIRECTOR	13. ADDITIONS/CHANGES TO OFFICER/DIRECTOR
TYPE D NAME HENDRY, DEBORAH K STREET ADDRESS 84 CUNNINGHAM DRIVE CITY-ST-ZIP NEW SMYRNA BCH FL	☐ Change ☐ Addition
TYPE D NAME HENDRY, WILLIAM C STREET ADDRESS 84 CUNNINGHAM DRIVE CITY-ST-ZIP NEW SMYRNA BCH FL	☐ Change ☐ Addition
TYPE D NAME KANE, BARBARA H STREET ADDRESS 37 FORE DRIVE CITY-ST-ZIP NEW SMYRNA BCH FL	☐ Change ☐ Addition
TYPE D NAME KANE, WILLIAM B STREET ADDRESS 37 FORE DRIVE CITY-ST-ZIP NEW SMYRNA BCH FL	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report 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 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 asterisk.

SIGNATURE: William C Hendry 5/17/95 904-423-5521
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone

0010922 CP

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1995

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

APPROVED AND FILED

[illegible]
[illegible] FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **V31769** **(5)**

1. Corporate Name
BURNS ROAD SELF STORAGE, INC.

Principal Place of Business	Mailing Address
2562 WEST INDIANTOWN RD. SUITE 8 JUPITER FL 33458	2562 WEST INDIANTOWN RD. SUITE 8 JUPITER FL 33458

3. Date Incorporated or Qualified: 04/28/1992
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0360104 — [ ] 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. 199.0[illegible], Florida Statutes* [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KELLY, GEORGE T IV 2562 W. INDIANTOWN ROAD SUITE 8 JUPITER FL 33458	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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	TITLE	[ ] Change [ ] Addition
NAME	KELLY, GEORGE T., IV	NAME	
STREET ADDRESS	2562 W INDIANTOWN RD.,#8	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	CITY-ST-ZIP	
TITLE	T	TITLE	[ ] Change [ ] Addition
NAME	KELLY, GEORGE T., IV	NAME	
STREET ADDRESS	2562 W INDIANTOWN RD.,#8	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(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: [signature] 5/10/95 407-747-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260123 CP

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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # **V32018** **(6)**

1. Corporation Name
WHOLE EQUIPMENTS & TOOLS, INC.

Principal Place of Business
7611 S.W. 153 CT.
BLDG. 7, APT. 204
MIAMI FL 33193

Mailing Address
7611 S.W. 153 CT.
BLDG. 7, APT. 204
MIAMI FL 33193

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/28/1992**
3a. Date of Last Report: **12/05/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0328998** ☐ 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

OCAMPO, RODRIGO S.
8205 S.W. 152ND AVE.
416
MIAMI FL 33193

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	OCAMPO, RODRIGO S.
STREET ADDRESS	8205 S.W. 152ND AVE. 416
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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: Rodrigo Ocampo 5-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0204951 CP