Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90041 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V43429** 1. Corporation Name

CROWN MINI STORAGE, INC.

	_								
Principal Place of Business Mailing Address							1010 Ip. 1010 I		
5550 15TH STREET E SARASOTA FL 34203 US		5550 15TH STREET E SARASOTA FL 34203 US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 06/12/1992	ı		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	plied For
21		26				65-0339592		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22		27	27			5. Certificate of Status Desired		Fee Red	quired
City & State	9	City & State	City & State			6. Election Campaign Financing	ТП	\$5.00	
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip				8. This corporation owes the cu	rent year Int		
24	25	29 30	<u> </u>			Personal Property Tax.			<u>₽</u> 140
Name and Address of Current Registered Agent				T		10. Name and Address of New	Registered	Agent	
1447	THEMS TERENCE		81	Na	ıme				j
MATTHEWS, TERENCE			82	Street Address (P.O. Box Number is Not Acceptable)					
5190 26 STR W			-	 					
STE D			83						
BRADENTON FL 34203			84	Ci	<u></u>			85 Zip C	ode
							FL	-b-naina ita	registered
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									gistered
SIGNATORE	Signature, typed or printed name of registered age			nt sign	ture required	when reinstating)	DATE	ID DIDEOTO	DO 151 40
12.			13.			ADDITIONS/CHANGES TO O	-FICERS AN	X Change	Addition
TITLE	Ρ.	☐ DELETE 1.1 TI						M change	
NAME (IANET, UNINCO D		1.2 NAME						
STREET ADDRESS	1880 DE SOTO RD		1.3 STREET ADDRESS		ESS 5!	550 15th Street,	Ε.		ĺ
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP B1		radenton, FL 32	203	[X] Change	Addition
IIITE	V					•		W ourne	
NAME	TAILE, MICHAEL D		2.2 NAME			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-		
STREET ADDRESS	000 DE 0010 ND					550 15th Street,			ļ
CITY-ST-ZIP			2. 4 CITY- 3.1 TITLE	ST-ZIP		radenton, FL 3/	,203	- A Change	Addition
TITLE :			3.1 HILE					F280	
NAME	HANEY, DAYNA K						_		
STREET ADDRESS	1000 02 0010 110				/ / -	550 15th Street,			
CITY-ST-ZIP	SARASOTA FL T	☐ DELETE	4.1 TITLE	SI-ZIP	— B ı	radenton, FL 3/	,203 —	(X) Change	Addition
TITLE			4.1 THE		- 1			- · · ·	_ "
NAME			4.3 STREET ADDRESS		ESS 5	550 15th Street,	压.		į
						radenton, FL 32			Ì
CITY-ST-ZIP			5.1 TITLE	1-41	10	rademoon, ru <u>72</u>	ر	Change	☐ Addition
NAME			5.2 NAME				•		ĺ
STREET ADDRESS			5.3 STREE	T ADO	ÆSS				

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition