

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N93000000732 (8)

1. Corporation Name

ENTERPRISE FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

200 S. ORANGE AVE.
SUITE 1205
ORLANDO FL 32801

200 S. ORANGE AVE.
SUITE 1205
ORLANDO FL 32801

3. Date Incorporated or Qualified

02/18/1993

3a. Date of Last Report

04/19/1994

4. FEI Number

59-3165226

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1200

Suite 1200

City & State

City & State

22

27

Zip

Country

Zip

Country

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LASTINGER, ALLEN L JR
50 N LAURA ST
JACKSONVILLE FL 32203

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

Signature, typed or printed name of registered agent and the filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME APTHORP, JIM
STREET ADDRESS 15307 AMBERLY DR SUITE 180
CITY-ST-ZIP TAMPA FL 33647-1000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME CANDELA, HILARIO
STREET ADDRESS 800 DOUGLAS ENTRANCE
CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

P.
HOWARD HOPUE
200 S. Orange Ave # 1200
Orlando, FL 32801

TITLE D
NAME DONOVAN, FRED C
STREET ADDRESS 316 S BAYLEN ST SUITE 300
CITY-ST-ZIP PENSACOLA FL 32501

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME DUNCAN, BUELL G
STREET ADDRESS PO BOX 2848
CITY-ST-ZIP ORLANDO FL 32802

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

T
Steven L. Steward
200 S. Orange Ave # 1200
Orlando, FL 32801

TITLE D
NAME GARDNER, JAMES
STREET ADDRESS ONE CORPORATE DR
CITY-ST-ZIP PALM COAST FL 32051

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME GARGUILO, JEFF
STREET ADDRESS 1500 OLD 41 N
CITY-ST-ZIP NAPLES FL 33963

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)(g), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven L. Steward, Treasurer

4/25/95

Date

407-425-9313

(Maximum 14 characters)