FILE NOW: FILING FEE AFTER MAY 1 is $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17852 (7)

1. Corporation Name
600 DISSTON CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
600 49TH ST. N. STE B-2 ST. PETERSBURG FL 33710	600 49TH ST. N. STE B-2 ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1986
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2876685 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$0.75** 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. 22: Suite D-1	Suite, Apt. #, etc. 27: same
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WATSON, JOHN E. ESQ
600 - 49TH STREET NORTH
SUITE-A
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name: Frederick J.V. Pearson
82 Street Address (P.O. Box Number is Not Acceptable): 600 49th Street North
83: Suite C
84 City: St. Petersburg FL 85 Zip Code: 33710

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition President - Director
NAME	WATSON, JOHN E	1.2 NAME	G. Richard Leveritt
STREET ADDRESS	600-49TH ST. N., #A-1	1.3 STREET ADDRESS	600 49th Street No., Ste. D-1
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition Vice-President - Director
NAME	WATSON, JOHN E.	2.2 NAME	M. Kirby Watson
STREET ADDRESS	600-49TH ST. N., #A-1	2.3 STREET ADDRESS	600 49th Street No., Ste. C
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition Secretary/Treasurer - Director
NAME	LEVERITT, G. RICHARD	3.2 NAME	Karen B. Leveritt
STREET ADDRESS	600-49TH ST. N., #D-1	3.3 STREET ADDRESS	600 49th Street No., Ste. D-1
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: _____ 3/11/95 (813)323-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
G. Richard Leveritt

0098043