

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 1:35

DOCUMENT # 438862 (5)

1. Corporation Name
FILSINGER ENTERPRISES, INC.

Principal Place of Business Mailing Address
2327 S.E. NORMAND STREET STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/26/1973** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 219 Winnachee Drive 26 219 Winnachee Drive

4. FEI Number **59-1493498** Applied For
Not Applicable

22 City & State 27 City & State
23 Stuart, Florida 34994 28 Stuart, Florida

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

24 Zip 25 Country 29 Zip 30 Country
24 34994 25 Martin 29 34994 30 Martin

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

10. Name and Address of New Registered Agent

**FILSINGER, SHIRLEY
2327 S.E. NORMAND STREET
STUART FL 34997**

81 Name **Harry Filsinger**
82 Street Address (P.O. Box Number is Not Acceptable)
219 Winnachee Drive
83
84 City **Stuart** 85 Zip Code **FL 34994**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 *Harry Filsinger*
Signature (Typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE P	FILSINGER, SHIRLEY 2327 S.E. NORMAND ST. STUART FL
TITLE V	FILSINGER, HARRY 2327 S.E. NORMAND ST. STUART FL
TITLE T	FILSINGER, DAVID 2327 S.E. NORMAND ST. STUART FL
TITLE S	SHARP, HEATHER 2327 S.E. NORMAND ST. STUART FL
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President & Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harry Filsinger
1.3 STREET ADDRESS	219 Winnachee Dr.
1.4 CITY - ST - ZIP	Stuart, Florida 34994
2.1 TITLE	Secretary & Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shirley Filsinger
2.3 STREET ADDRESS	219 Winnachee Dr.
2.4 CITY - ST - ZIP	Stuart, Florida 34994
3.1 TITLE	Delete
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not require compliance with Section 607.0504, 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: *Harry Filsinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.1.95

Date

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