FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:30

DOCUMENT # 450943 (6)

1. Corporation Name
DE CONNA LEASING AND SALES, INC.

Principal Place of Business
6300 N.W. HIGHWAY 318
P.O. BOX 39
ORANGE LAKE FL 32681

Mailing Address
6300 N.W. HIGHWAY 318
P.O. BOX 39
ORANGE LAKE FL 32681

PLEASE TYPE IN BLACK INK

3. Date Incorporated or Qualified: 04/24/1974
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-1596903
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. Does corporation owe liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business
21
22
23
24 Zip 25 County

2a. Mailing Address
26 PO Box 39
27
28 Orange Lake FL
29 Zip 32681 30 County USA

9. Name and Address of Current Registered Agent

DECONNA, DON
RT. 1 BOX 76
MICANOPY FL 32667

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 Section [illegible] 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. To the best of my knowledge and belief, the corporation's Board of directors I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of the Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND/OR DIRECTORS

01 TITLE	ST
02 NAME	DECONNA, WILLIAM
03 STREET ADDRESS	6300 N.W. HIGHWAY 318
04 CITY ST ZIP	ORANGE LAKE FL
05 TITLE	V
06 NAME	DECONNA, LOUISE
07 STREET ADDRESS	6300 N.W. HIGHWAY 318
08 CITY ST ZIP	ORANGE LAKE FL
09 TITLE	P
10 NAME	DECONNA, DON
11 STREET ADDRESS	6300 N.W. HIGHWAY 318
12 CITY ST ZIP	ORANGE LAKE FL
13 TITLE	
14 NAME	
15 STREET ADDRESS	
16 CITY ST ZIP	
17 TITLE	
18 NAME	
19 STREET ADDRESS	
20 CITY ST ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
45 TITLE	[ ] Change [ ] Addition
46 NAME	
47 STREET ADDRESS	
48 CITY ST ZIP	
49 TITLE	[ ] Change [ ] Addition
50 NAME	
51 STREET ADDRESS	
52 CITY ST ZIP	
53 TITLE	[ ] Change [ ] Addition
54 NAME	
55 STREET ADDRESS	
56 CITY ST ZIP	
57 TITLE	[ ] Change [ ] Addition
58 NAME	
59 STREET ADDRESS	
60 CITY ST ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I hereby certify that the information supplied with this report, 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 above, or on an attachment with an address.

SIGNATURE: Don DeConna - President
SIGNATURE AND TYPE OR PRINT NAME OF INDIVIDUAL AUTHORIZED

2-9-95
DATE

904 591-1530
DAYTIME PHONE NUMBER

0413033 FP