

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PK 12:01

DOCUMENT # 518714 (1)

1. Corporation Name
CONSTATE ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 311 SOUTH MISSOURI AVENUE CLEARWATER FL 34616
Mailing Address: 311 SOUTH MISSOURI AVENUE CLEARWATER FL 34616

3. Date Incorporated or Qualified: 11/17/1976
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-1698298
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
27

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

City & State: 23
28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
29
30

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

GOULD, N. S.
311 S. MISSOURI AVE.
CLEARWATER FL 34616

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ 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
NAME: GOULD, N. S.
STREET ADDRESS: 311 S. MISSOURI AVE.
CITY - ST - ZIP: CLEARWATER FL

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

TITLE: S
NAME: LOTT, CANDY
STREET ADDRESS: 311 S. MISSOURI AVE.
CITY - ST - ZIP: CLEARWATER FL

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

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

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

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

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

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

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

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

6.1 TITLE: Change 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 qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, whichever is applicable, on an attachment with an address.

SIGNATURE: N. S. GOULD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95
Date
813-461-1111
Telephone