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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # F18562 (1)

1. Corporation Name
CONSOLIDATED SOUTHERN INVESTMENTS, INC.

Principal Place of Business: **PO BOX 46407 ST. PETERSBURG FL 33741**

Mailing Address: **PO BOX 46407 ST. PETERSBURG FL 33741**

2. Principal Place of Business: **21** Suite, Apt. #, etc.

2a. Mailing Address: **26** Suite, Apt. #, etc.

23. City & State: **27** City & State

24. Zip: **25** Country: **29** Zip: **30** Country:

3. Date incorporated or Qualified: **02/06/1981**

3a. Date of Last Report: **07/21/1994**

4. FEI Number: **59-2352854** 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. This corporation has liability for intangible tax under §. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

RUDZIK, FREDERICK F.
6440 FIRST AVENUE NORTH
ST. PETERSBURG FL 33710

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 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: Third Party Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE: **D**

NAME: **VALENTINE, DAVID E.**

STREET ADDRESS: **2900 ALTON DRIVE**

CITY - ST - ZIP: **ST. PETE. BEACH FL**

TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY - ST - ZIP: _____

TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY - ST - ZIP: _____

TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY - ST - ZIP: _____

TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY - ST - ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: _____ Change Addition

2. NAME: _____

3. STREET ADDRESS: _____

4. CITY - ST - ZIP: _____

5. TITLE: _____ Change Addition

6. NAME: _____

7. STREET ADDRESS: _____

8. CITY - ST - ZIP: _____

9. TITLE: _____ Change Addition

10. NAME: _____

11. STREET ADDRESS: _____

12. CITY - ST - ZIP: _____

13. TITLE: _____ Change Addition

14. NAME: _____

15. STREET ADDRESS: _____

16. 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)(d), 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 registered office or both; and that I am authorized 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 as an attachment with no address.

SIGNATURE: _____ DATE: **2/12/95**

Signature and typed or printed name of board officer or director