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**Feb 27 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33741-6407**

3. Date Incorporated or Qualified: **02/06/1981** 3a. Date of Last Report: **09/25/1996**
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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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: **EUGENE VALENTINE**
82 Street Address (P.O. Box Number is Not Acceptable): **524 36th Ave. North**
83 City: **St Petersburg** FL 85 Zip Code: **33704**

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: *Eugene Valentine Pres* DATE: **2-17-97**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	VALENTINE, DAVID E.
STREET ADDRESS	2900 ALTON DRIVE
CITY - ST - ZIP	ST. PETE. BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EUGENE VALENTINE
1.3 STREET ADDRESS	524 36th Ave. North
1.4 CITY - ST - ZIP	St. Pete Fla. 33704
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D. David E. VALENTINE
2.3 STREET ADDRESS	PO. Box 46407 N/A
2.4 CITY - ST - ZIP	St. Pete Beach Fla. 33741-6407
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Eugene Valentine Pres* DATE: **2-17-97** DAYTIME PHONE: **813 527-1831**

CFR2E034 (9/96)