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

APPROVED AND FILED
95 APR 27 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F73465** **(9)**

1. Corporation Name
FLORIDA MIDSTATE REALTY, INC.

Principal Place of Business	Mailing Address
P O BOX 2522 TAMPA FL 33601	P O BOX 2522 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/22/1982	04/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **59-2171435** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONNER, DOUGLAS B 4100 E 7TH AVE TAMPA FL 33605	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: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CURRY, ROBERT E	1.2 NAME	CURRY, ROBERT E.	
STREET ADDRESS	4100 E 7TH AVE	1.3 STREET ADDRESS	4100 E. 7TH AVE.	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	PD	2.1 TITLE	OMIT	☒ Change ☐ Addition
NAME	CONNER, J W JR	2.2 NAME	DECEASED	
STREET ADDRESS	4100 E 7TH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	CONNER, DOUGLAS B	3.2 NAME	CONNE'l, DOUGLAS B.	
STREET ADDRESS	4100 E 7TH AVE	3.3 STREET ADDRESS	4100 E. 7TH AVE.	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	TAMPA, FL 33605	
TITLE		4.1 TITLE	V/D	☐ Change ☒ Addition
NAME		4.2 NAME	CONNER, JACK R., SR.	
STREET ADDRESS		4.3 STREET ADDRESS	4100 E. 7TH AVE.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33605	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Douglas B. Conner 4/24/95 813 247-6337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0442R2 FP