FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F73465

(9)

FLORIDA MIDSTATE REALTY, INC.

`

Mailing Address

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FILED

Apr 28 1997 8:00am

Secretary of State

P O BOX 2522 TAMPA FL 33801		P O BOX 2522 TAMPA FL 33601-2522							
					3. Date incorporated or Qualified 03/22/1982		e of Last 6/1996		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied		Applied For			
21		26			59-2171435		!	Not Applicable	
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired		.,	Additional Required	
City & Stat	0	City & State			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees	
Zip	Country	Ζφ 29	Country 30	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🔀 Yos 🗍 No			s. 199.032,	
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Reg	istered A	gent		
CON	iner, douglas b		81	Name					
4100 E 7TH AVE TAMPA FL 33605			82	Street Add	Address (P.O. Box Number is Not Acceptable)				
			B3						
			84	City		FL	85 Zq	p Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607 egistered agent, or both, in the Similar with, and accept the o	.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, F	tes, the above authorized by lorida Statutes	L	poration submits this statement for the protein submits the statement for the protein submits acceptions. I hereby acceptions are submits the submits acception to the submits acceptance of the submits		hanging intment a	its registered as registered	
SIGNATURE	Signature, typed or punted name of registers				ered when reinstaling)				
12.		AND DIRECTORS	13.	att signature requi	ADDITIONS/CHANGES TO OFFIC	DATI ERS AND	DIRECTO	ORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	1	7,557,167,677,17,020,70,70		Change		
NAME	CURRY, ROBERT E		1.2 NAME				_		
STREET ADDRESS	4100 E 7TH AVE		1.3 STREET	ADDRESS					
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY - S	T-7IP					
TITLE	CSTD	☐ DELETE	2.1 TRLE				Change	e 🔲 Addition	
NAME	CONNER, DOUGLAS B		2.7 NAME						
STREET ADDRESS	4100 E 7TH AVE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	TAMPA, FL 00000 VD	DELETE	2.4 CITY-	51 - ZIP					
TITLE	CONNER SR., JACK R.	☐ DECEME	3.º TITLE			ļ	Change	e 🔲 Addition	
NAME STREET ADDRESS	4100 E. 7TH AVE		3.2 NAME	1000000					
CITY-ST-ZIP	TAMPA FL		3.3 STREET 3.4 CITY-5						
TITLE	Travit 71 G	DELETE	4.1 TITLE	21-711.			Change	Addition	
NAME		<u>—</u> · · · · · ·	4. 2 NAME			'	only		
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	1-7IP					
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY+S	T - ZIP					
TITLE		☐ DELFTE	G.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			63 STREET	ADDRESS					

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 airqual report orsopplemental apriual report is true and accurate and that my signature shall have the same logal effect as if made under eath, that I am an officer or tirrector of the corporation for the deceiver of trust of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if thanged order an attachment with an address.