

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 MAR -3 AM 8: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L93846** (8)
1. Corporation Name
ENIGMA ENTERPRISES, INCORPORATED

Principal Place of Business Mailing Address
306 EAST TYLER, SUITE 400 **306 EAST TYLER, SUITE 400**
TAMPA FL 33602 **TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/14/1990** 3a. Date of Last Report **12/19/1994**
4. FEI Number **59-3033348** 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. 109.032,
Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

PERUSEK, GINGER L ESQ
WELLS & PERUSEK, P.A.
2506 MANATEE AVE. WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name **Don Walstead**
82 Street Address (P.O. Box Number is Not Acceptable)
13217 B. N. Nebraska
83
84 City **Tampa** FL 85 Zip Code **33612**

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 Sec. 607.0505, Florida Statutes.

SIGNATURE

Don Walstead

2-27-95

Signature of officer or director of corporation and the filer of application

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AYERS, DOUGLAS
STREET ADDRESS	306 E TYLER, STE. 400
CITY-ST-ZIP	TAMPA FL 33602
TITLE	VSTD
NAME	WALSTEAD, DON
STREET ADDRESS	13217 B NORTH NEBRASKA AVE.
CITY-ST-ZIP	TAMPA FL 33612
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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)(b), 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. If 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:

Don Walstead **DON WALSTEAD**

2-27-1995

1-813-955-970-9317

SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

DATE

PHONE NUMBER