

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 20 PM 12: 18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N17852 (7)

1. Corporation Name
600 DISSTON CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

**600 49TH ST. N. STE B-2
ST. PETERSBURG FL 33710** **600 49TH ST. N. STE B-2
ST. PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/19/1986 **02/16/1994**

4. FEI Number Applied For
59-2876685 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
Suite D-1 **same**

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**WATSON, JOHN E. ESQ
600 - 49TH STREET NORTH
SUITE-A
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name **Frederick J.V. Pearson**

82 Street Address (P.O. Box Number is Not Acceptable) **600 49th Street North**

83 **Suite C**

84 City **St. Petersburg** FL 85 Zip Code **33710**

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: *Frederick J.V. Pearson* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WATSON, JOHN E
STREET ADDRESS	600-49TH ST. N., #A-1
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VP
NAME	WATSON, JOHN E.
STREET ADDRESS	600-49TH ST. N., #A-1
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	STG
NAME	LEVERITT, R. RICHARD
STREET ADDRESS	600-49TH ST. N., #D-1
CITY-ST-ZIP	ST. PETERSBURG FL
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	President-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	G. Richard Leveritt
1.3 STREET ADDRESS	600 49th Street No., Ste. D-1
1.4 CITY-ST-ZIP	St. Petersburg, FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Vice-President-Director
2.2 NAME	M. Kirby Watson
2.3 STREET ADDRESS	600 49th Street No., Ste. C
2.4 CITY-ST-ZIP	St. Petersburg, FL 33710
3.1 TITLE	Secretary/Treasurer-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Karen B. Leveritt
3.3 STREET ADDRESS	600 49th Street No., Ste. D-1
3.4 CITY-ST-ZIP	St. Petersburg, FL 33710
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *G. Richard Leveritt* **3/11/95 (813)323-8444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #