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**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90215 010 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J73708**

1. Corporation Name  
**CHOATE COMMERCIAL ENTERPRISES, INC.**

Principal Place of Business

104 PHILLIPS WAY  
 PALM HARBOR FL 34683  
 US

Mailing Address

104 PHILLIPS WAY  
 PALM HARBOR FL 34683  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1987

4. FEI Number  
 59-2812479

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 5400 MARINE PARKWAY  
 Suite, Apt. #, etc.

2a. Mailing Address

26 5400 MARINE PARKWAY  
 Suite, Apt. #, etc.

22 City & State

23 NEW PORT RITCHIE FL

24 34652

25 USA

27 City & State

28 NEW PORT RITCHIE FL

29 34652

30 USA

9. Name and Address of Current Registered Agent

RAYBURN, LAURA J.  
 1968 BAYSHORE BOULEVARD  
 DUNEDIN FL 33528

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  DELETE  
 NAME CHOATE, JOHN R.G.  
 STREET ADDRESS 104 PHILLIPS WAY  
 CITY-ST-ZIP PALM HARBOR FL

TITLE PRESIDENT  DELETE  
 NAME CHOATE, JOHN R.G.  
 STREET ADDRESS 5400 MARINE PARKWAY  
 CITY-ST-ZIP NEW PORT RITCHIE, FL 34652

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  Change  Addition  
 1.2 NAME Choate, John R.G.  
 1.3 STREET ADDRESS 5400 Marine Parkway  
 1.4 CITY-ST-ZIP New Port Ritchie, FL 34652

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 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, with all other like empowered.

SIGNATURE:

*John R.G. Choate*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A-15-1999 727-842-2005

Date

Daytime Phone #

CR2E034 (11/98)