

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90004 030 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 518714**

1. Corporation Name  
**CONSTATE ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**311 SOUTH MISSOURI AVENUE  
 CLEARWATER FL 34616**

Mailing Address  
**311 SOUTH MISSOURI AVENUE  
 CLEARWATER FL 34616**

3. Date Incorporated or Qualified  
**11/17/1976**

2. Principal Place of Business  
 21 **PO Box 339**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **PO Box 339**  
 Suite, Apt. #, etc.

4. FEI Number  
**59-1698298**

Applied For  
 Not Applicable

22  
 City & State  
 23 **Lecanto FL**

27  
 City & State  
 28 **Lecanto FL**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 **34460** 25 **USA** 29 **34460** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOULD, N. S.  
 311 S. MISSOURI AVE.  
 CLEARWATER FL 34616**

81 Name **Gould, NS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **5287 W. Homosassa Tr.**  
 84 City **Lecanto** 85 Zip Code **FL 34461**

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]* 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	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Gould, NS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOULD, N. S.</b>	1.2 NAME	<b>5287 W. Homosassa Tr</b>
STREET ADDRESS	<b>311 S. MISSOURI AVE.</b>	1.3 STREET ADDRESS	<b>Lecanto FL 34461</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>LOTT, Candy</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOTT, CANDY</b>	2.2 NAME	<b>5287 W. Homosassa Tr</b>
STREET ADDRESS	<b>311 S. MISSOURI AVE.</b>	2.3 STREET ADDRESS	<b>Lecanto FL 34461</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

Date

Daytime Phone #

CR2E034 (11/98)