

DOCUMENT # F90613
1. Entity Name
CONSTATE UTILITIES, INC.



Principal Place of Business
5287 W HOMOSASSA TRAIL
LECANTO, FL 34461 US

Mailing Address
C/O N.S. GOULD
PO BOX 339
LECANTO, FL 34460

COPY May Se
PAID



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2443768

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GOULD, N.S.
5287 W HOMOSASSA TRAIL
LECANTO, FL 34460

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GOULD, N.S.
STREET ADDRESS	PO BOX 339
CITY-ST-ZIP	LECANTO, FL 34460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000938781
05/27/08-80103-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] DATE: April 10, 2008 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

No record of payment - report must of been sent with out check

2098

CONSTATE UTILITIES 09-83
P.O. BOX 339
LECANTO, FL 34460

PAY TO THE ORDER OF Florida Dept. of State \$ 150.00

One hundred fifty and no/100 DOLLARS

Homosassa Springs Bank
Homosassa Springs, FL 34447

FOR 59-2443768 Annual Filing Fee 4/10/08 Report Chaire M. Lott

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