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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 9:59

DOCUMENT # **H08155** **(4)**

1. Corporation Name
CELESTE CORPORATION

Principal Place of Business	Mailing Address
3800 AIRPORT BLVD STE 102 MOBILE AL 36608	3800 AIRPORT BLVD STE 102 MOBILE AL 36608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/12/1984**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: **59-2439171** ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FOSTER, WILLIAM SCOTT
909 MAR WALT DR STE 1014
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Clinton M Tarkoe
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4840 NE 28th Avenue
84 City: Fort Lauderdale **FL** 85 Zip Code: 33308

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: Clinton M Tarkoe Clinton M Tarkoe 2/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAS	1.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, W. S.	1.2 NAME	
STREET ADDRESS	333 MIRACLE STRIP PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, CLIFFORD, III	2.2 NAME	
STREET ADDRESS	3800 AIRPORT BV STE 102	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, J. C. JR.	3.2 NAME	
STREET ADDRESS	333 MIRACLE STRIP PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	☐ Change ☐ Addition
NAME	MATHEW, LYNNE F.	4.2 NAME	
STREET ADDRESS	333 MIRACLE STRIP PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 above, or on an attachment with an address.

SIGNATURE: C. Foster C. FOSTER, III Pres. 2-11-95 (334) 334-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04Y1070 FP