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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 06/12/1984

3a. Date of Last Report: 04/12/1995

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

2. Principal Place of Business	2a. Mailing Address
21 3755 Amruth Drive	26 3755 AMRUTH DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Mobile AL	28 City & State: Mobile AL
24 Zip: 36608 25 Country: USA	29 Zip: 36608 30 Country: USA

9. Name and Address of Current Registered Agent

TARKOE, CLINTON M.
4840 NE 28TH AVENUE
FT. LAUDERDALE FL 33308

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changed only)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAS	☐ DELETE	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	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, CLIFFORD, III		2.2 NAME	
STREET ADDRESS	~~3800 AIRPORT BV STE 102~~		2.3 STREET ADDRESS	3755 AMRUTH DRIVE
CITY-ST-ZIP	MOBILE AL		2.4 CITY-ST-ZIP	MOBILE ALA. 36608
TITLE	D	☐ DELETE	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	☐ DELETE	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		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: C-FOSTER, III 3/15/96 (334) 344-7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER