

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

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

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.

City & State

23 NEW PORT RICHIE FL

City & State

28 NEW PORT RICHIE FL

Zip

24 34652

Country

25 USA

Zip

29 34652

Country

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 RICHIE, 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 Richie, 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 address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

A-15-1999 727-842-2005

CR2E034 (11/98)