

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

DOCUMENT # P98000065961

1. Corporation Name
S. COATES ENTERPRISES, INC.

Principal Place of Business
**2311 ROGERS RD
LAKELAND FL 33813**

Mailing Address
**2311 ROGERS RD
LAKELAND FL 33813**

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90004 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/24/1998

4. FEI Number
59-3529985

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2993 S. Peoria St.

22 City & State

27 G7

23 Zip Country

28 Aurora, CO

24 Zip Country

29 80014 30 USA

9. Name and Address of Current Registered Agent

**REHER, DEBORA C
2311 ROGERS RD
LAKELAND FL 33813**

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	PD	<input type="checkbox"/> DELETE
NAME	COATES, STEPHEN W	
STREET ADDRESS	7250 E 28TH ST	
CITY-ST-ZIP	TUCSON AZ 85710	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	ENGLEDOW, LEWIS E	
STREET ADDRESS	PO BOX 473761 N/A	
CITY-ST-ZIP	AURORA CO 80047	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DSTre <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Debora C. Reher
3.3 STREET ADDRESS	2993 S. Peoria St. #G7
3.4 CITY-ST-ZIP	Aurora, CO 80014
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:

Lewis E Engledow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

303-750-4930

Daytime Phone #

CR2E034 (11/98)