

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


FILED

Feb 01, 1999 8:00am  
Secretary of State

02-01-1999 90013 034 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # V61804

1. Corporation Name  
CONSTELLATION TECHNOLOGY CORPORATION

Principal Place of Business

7887 BRYAN DAIRY ROAD  
LARGO FL 33773  
US

Mailing Address

7887 BRYAN DAIRY ROAD  
SUITE 100  
LARGO FL 33777  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL  
ATTN: R. ALAN HIGBEE  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

3. Date Incorporated or Qualified

09/03/1992

4. FEI Number

59-3144904

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

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  
NAME GREGORY, THOMAS  
STREET ADDRESS CITY CENTER SUITE 606, 100 SECOND AVE S.  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE VP  
NAME LASCHE, DR. GEORGE P  
STREET ADDRESS 7887 BRYAN DAIRY ROAD  
CITY-ST-ZIP LARGO FL 33773

TITLE P  
NAME SETTGAST, CHARLES  
STREET ADDRESS 7887 BRYAN DAIRY ROAD, SUITE 100  
CITY-ST-ZIP LARGO FL

TITLE ST  
NAME SECOLA, PETER J  
STREET ADDRESS 7887 BRYAN DAIRY ROAD, SUITE 100  
CITY-ST-ZIP LARGO FL 33777

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

Peter J. Secola  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

Date

(727) 547-0600

Daytime Phone #

CR2E034 (11/98)