

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

DOCUMENT # **V69324**

Corporation Name

**CANDANPAT ENTERPRISES, INC.**

Principal Place of Business

**141 CENTRAL AVE  
T PETERSBURG FL 33710**

Mailing Address

**11265 5TH STREET, EAST  
TREASURE ISLAND FL 33706**

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90007 020 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**5300 1ST AVE NORTH**

Suite, Apt. #, etc.

2a. Mailing Address

**26 SAME**

Suite, Apt. #, etc.

City & State

**ST PETERSBURG, FL**

Zip

**33710**

County

**PINELAS**

City & State

**28**

Zip

**29**

Country

**30**

3. Date Incorporated or Qualified

**10/07/1992**

4. FEI Number

**59-3143439**

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.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CONE, PATRICIA Y  
11265 FIFTH STREET EAST  
TREASURE ISLAND FL 33706**

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

I, 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.

GNATURE **Patricia Y. Cone**  
Signature, typed or printed name of registered agent and title if applicable.

**Pro.**

(NOTE: Registered Agent signature required when reinstating)

**7-6-99**

DATE

OFFICERS AND DIRECTORS

1. NAME	PT	<input type="checkbox"/> DELETE
2. NAME	CONE, PATRICIA Y.	
3. STREET ADDRESS	11265 5TH STREET, EAST	
4. CITY-ST-ZIP	TREASURE ISLAND FL	
5. NAME	VS	<input type="checkbox"/> DELETE
6. NAME	CONE, DANIEL B.	
7. STREET ADDRESS	11265 5TH STREET, EAST	
8. CITY-ST-ZIP	TREASURE ISLAND FL	
9. NAME		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. NAME		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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.

SIGNATURE:

**Daniel B. Cone**

**7/5/99**

**(727) 321-2740**

CR2E034 (5/99)