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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

G41274

(3) NM GAG

FILED May 27 1998 8:00am Secretary of State

SANDCASTLES TRESIDENTIAL CONSTRUCTION INC.								
SAHD	CASTLES HESIL	DENTIAL CONS	ROCTI	زدره	IHY.			
Principal Place		Mailing Address	····			-	911 A1A11 B1811 2181	II QIQIL IBBI
1095 LAUREL WOODS DRIVE 1095 LAUREL WOODS DRIVE								
P.O. BOX 25 NOKOMIS FL 34275 P.O. BOX 25 NOKOMIS FL 34275						DO NOT WRITE IN THE	S SPACE	
NONOMIS PL	94213	NUNUMIS PL SHE7S				3. Date Incorporated or Qualified		
						05/27/1983		
2. Principal Place of Business 28. Mailing Address						4. FEI Number	Ar	oplied For
21 26						59-2315405		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc						5. Certificate of Status Desired	¥ • · · · ·	Additional equired
City & State		City & State	City & State		E Flactice Compaign Financing		<u> </u>	
23	·	28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the co		
24	25	29	30			Personal Property Tax due June 30.] No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent	
LANG, RICHARD V. 1095 LAUREL WOODS DR.				81 Name 82 Street Addre				j
						ss (P.O. Box Number is Not Acceptable)		
NOKOMIS FL 34275				83				
			l					
				84 City		F	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was auth				ove-nam	ed corpo		 , ,	ts registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such ch ange was lations of Section 607.0505. P	authorized Iorida Statu	i by the dutes.	orporation	on's board of directors. I hereby accept the ap	opointment as	registered
SIGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1
	Signature, typed or printed hame of registered ag			Agent sign:	lure required	d when reinstating) DATE		
12.		DELETE DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	
TITLE NAME				11 THLF			LJ Change	Addition
STREET ADDRESS	LANG, RICHARD V 1095 LAUREL WOODS DRIVI	=		1 2 NAME 13 STREET ADDRESS				[8
CITY-ST-ZIP	NOKOMIS FL	-		Y-ST-ZIP	23			12
TITLE	Trontomo 12	DELETE	2.1 117				Change	Addition
NAME			2.2 NA	ME				İ
STREET ADDRESS			2.3 ST	reet addre	ss			}
CITY-ST-ZIP			2.401	TY-ST-ZIP				
TITLE		LII DELETE	3.1 TIT				L Change	Addition
NAME			3.2 NA]
STREET ADDRESS				REFT ADDRE	SS			İ
CITY-ST-ZIP TITLE		DELETE	4.1 FIT	TY-ST-ZIP			Change	Addition
NAME		(L)	4. 2 NA				- Suranga	
STREET ADDRESS				REET ADDRE	s			i
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	5.1 T(T				Change	Addition
NAME			5.2 NA	ME				,
STREET ADDRESS			5.3 STF	REET ADDRE	SS			
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		DELETÉ	6 1 TIT			8000025382 -05/28/98010150	LChange	Addition
NAME			6,2 NA		_	-05/28/98010150	112	12,14
STREET ADDRESS				REET ADDRE	SS	***150.00		16/2
CITY-ST-ZIP	and the state of t	50 45 50 50 50 50 50 50 50 50 50 50 50 50 50	6.4 CIT	Y-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.