

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG 10 PM 12: 21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K50470** (9)

1. Corporation Name
CASTLE PROPERTIES, U.S.A., INC.

Principal Place of Business Mailing Address
4000 NW 34 ST., SUITE THREE **4000 NW 34 ST., SUITE THREE**
GAINESVILLE FL 32605 **GAINESVILLE FL 32605**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/12/1988** 3a. Date of Last Report **09/23/1994**

4. FEI Number **65-0163011** Applied For Not Applicable

5. Certificate of Status Desired **NO** \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **NO** \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1135 NW 23 Ave** 26 **1135 NW 23 Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite P** 27 **Suite P**
City & State City & State
23 **GAINESVILLE FL** 28 **GAINESVILLE FL**
Zip Country Zip Country
24 **32609** 25 **FL** 29 **32609** 30 **FL**

9. Name and Address of Current Registered Agent
TIFFIN, WILLIAM D.
1402 SW 25 PL
GAINESVILLE FL 32608

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTSV
NAME	TIFFIN, WILLIAM D.
STREET ADDRESS	1402 SW 25 PLACE
CITY - ST - ZIP	GAINESVILLE FL 32608
TITLE	D
NAME	TIFFIN, WILLIAM D.
STREET ADDRESS	1402 SW 25 PLACE
CITY - ST - ZIP	GAINESVILLE FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: William D. Tiffin William D Tiffin 8/7/95 371-9811
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Mailing Office)