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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR -7 AM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 172991 (2)

1. Corporation Name
CASTLE SUPPLY COMPANY, INC.

Principal Place of Business
6365 - 53RD STREET NORTH
P. O. BOX 357
PINELLAS PARK FL 34664

Mailing Address
6365 - 53RD STREET NORTH
P. O. BOX 357
PINELLAS PARK FL 34664

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/24/1954**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-0690179**	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WHITE, JOSEPH C.
6365 53RD ST N
PINELLAS PARK FL 34664

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 _____ DATE _____
Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	11 TITLE
NAME	WHITE,JOSEPH C.	12 NAME
STREET ADDRESS	10750 SPRING ST.	13 STREET ADDRESS
CITY ST ZIP	LARGO FL	14 CITY ST ZIP
TITLE	TD	21 TITLE
NAME	WHITE, ROSEMARY A	22 NAME
STREET ADDRESS	13300 INDIAN ROCKS RD	23 STREET ADDRESS
CITY ST ZIP	LARGO, FL 00000	24 CITY ST ZIP
TITLE	VD	31 TITLE D ☒ Change ☐ Addition
NAME	WHITE, JAMES E	32 NAME JoAnn White
STREET ADDRESS	12891 74TH AVE. N.	33 STREET ADDRESS 10750 Spring St
CITY ST ZIP	SEMINOLE, FL 00000	34 CITY ST ZIP Largo, FL
TITLE	D	41 TITLE ☐ Change ☐ Addition
NAME	STERN, ROBERT N	42 NAME
STREET ADDRESS	1800 KALURNA COURT	43 STREET ADDRESS
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP
TITLE	S	51 TITLE S ☒ Change ☐ Addition
NAME	LANGAN, JAN	52 NAME LANGAN, Jan
STREET ADDRESS	5230 12TH AVE N	53 STREET ADDRESS 646 Villagrande Ave S.
CITY ST ZIP	ST PETERSBURG FL	54 CITY ST ZIP St. Pete. FL 33707
TITLE	VP	61 TITLE ☐ Change ☐ Addition
NAME	CARDWELL, ROBERT M.	62 NAME
STREET ADDRESS	7313 HIDEAWAY TRAIL	63 STREET ADDRESS
CITY ST ZIP	NEW PORT RICHEY FL	64 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 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: Jan Langan 4/4/95 (813)521-2691
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0460430 FP