

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 25, 1996 08:00 AM
Secretary of State

DOCUMENT # 172991 (2)

1. Corporation Name

CASTLE SUPPLY COMPANY, INC.



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

3. Date Incorporated or Qualified 03/24/1954 3a. Date of Last Report 04/07/1995
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

Date:

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME WHITE, JOSEPH C.
STREET ADDRESS 10750 SPRING ST.
CITY - ST - ZIP LARGO FL
TITLE TD ☐ DELETE
NAME WHITE, ROSEMARY A
STREET ADDRESS 13300 INDIAN ROCKS RD
CITY - ST - ZIP LARGO, FL 00000
TITLE D ☐ DELETE
NAME WHITE, JOANN
STREET ADDRESS 10750 SPRING ST
CITY - ST - ZIP LARGO FL
TITLE D ☐ DELETE
NAME STERN, ROBERT N
STREET ADDRESS 1800 KALURNA COURT
CITY - ST - ZIP ORLANDO FL
TITLE S ☐ DELETE
NAME LANGAN, JAN
STREET ADDRESS 645 S VILLA GRANDE AVE
CITY - ST - ZIP ST PETERSBURG FL
TITLE VP ☐ DELETE
NAME CARDWELL, ROBERT M.
STREET ADDRESS 7313 HIDEAWAY TRAIL
CITY - ST - ZIP NEW PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP ☐ Change ☐ Addition
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/96

(83)521-2691

Date

Daytime Phone #

CR2E034 (3/96)