FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **445167** **(0)**

1. Corporation Name

THE SANDCASTLES, INC.

Principal Place of Business
2501 W. CRAWFORD ST.
TAMPA FL 33614

Mailing Address
2501 W. CRAWFORD ST.
TAMPA FL 33614

3. Date Incorporated or Qualified: **02/01/1974**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **59-1513764** ☐ 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**

RIPLEY, WILBERT H
712 BEACH TRAIL
UNIT C
INDIAN ROCKS BEACH FL 34635

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 WILBERT H. RIPLEY [signature] 2/15/96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RIPLEY, WILBERT H.	
STREET ADDRESS	2501 W. CRAWFORD STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	☐ DELETE
NAME	RIPLEY, GENEVIEVE	
STREET ADDRESS	2501 W. CRAWFORD STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VICE PRESIDENT/SECRETARY	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE PRESIDENT/T	☐ Change ☒ Addition
3.2 NAME	GORDON F. LEWIS JR.	
3.3 STREET ADDRESS	2501 W. CRAWFORD ST.	
3.4 CITY-ST-ZIP	TAMPA, FL. 33614	
4.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
4.2 NAME	RENEE D. LEWIS	
4.3 STREET ADDRESS	2501 W. CRAWFORD ST.	
4.4 CITY-ST-ZIP	TAMPA, FL. 33614	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] WILBERT H. RIPLEY 2/15/96 (813)932-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)