

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **696499** (3)
1. Corporation Name
LORENA P. CASTLES, PROFESSIONAL ASSOCIATION



Principal Place of Business

Mailing Address

8275 113TH ST. N.
SEMINOLE FL 34642

8275 113TH ST. N.
SEMINOLE FL 34642

2. Principal Place of Business

2a. Mailing Address

21 Street, Apt. #, etc.

26 Street, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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9. Name and Address of Current Registered Agent

CASTLES, LORENA P.
8275 113TH ST. N.
SEMINOLE FL 34642

3. Date Incorporated or Qualified
07/29/1981

3a. Date of Last Report
01/19/1995

4. FCI Number

59-2113925

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. 193.032,
Florida Statutes. ☐ Yes ☐ No

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 607.1076, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as indicated, 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

12. OFFICERS AND DIRECTORS

1. TITLE PD
NAME CASTLES, LORENA P
STREET ADDRESS 13861 87TH AVENUE NO
CITY, STATE, ZIP SEMINOLE FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I hereby certify that the information supplied with this filing is true and correct, and does not qualify for the exemption stated in Section 119.073(1)(k), Florida Statutes. I further certify that the information indicated on the 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 registered or authorized person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an affidavit with an address.

SIGNATURE: *Lorena P. Castles* LORENA P CASTLES 1-18-96 813-397-2534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)