FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # F97000001906 (3)

1. Corporation Name
CASTLETON OF ORLANDO, INC.

Principal Place of Business
1960 CONGRESSIONAL DR
ST LOUIS MO 63146

Mailing Address
1960 CONGRESSIONAL DR
ST LOUIS MO 63146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/14/1997

4. FEI Number
59-3407104
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 7081 Grand National Pl
Suite, Apt. #, etc.
22 Orlando, FL
City & State
23 32819
Zip
24 Country

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

9. Name and Address of Current Registered Agent
BELLIZZI, DINA
7131 GRAND NATIONAL DR, SUITE 198
ORLANDO FL 32819

10. Name and Address of New Registered Agent
81 Name: Kevin Killoren
82 Street Address (P.O. Box Number is Not Acceptable): 7700-2 Carriage Homes Dr.
83 Orlando, FL
84 City: FL
85 Zip Code: 32819

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: Kevin Killoren V.P. DATE: 6/6/98
Signature and Typed or Printed Name of Registered Agent (NOTE: Registered Agent signature is required when mail-in filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	VP	☐ Change ☐ Addition
NAME	DUGGAN, TIM J		1.2 NAME	Kevin Killoren	
STREET ADDRESS	22 GREYMORE CT		1.3 STREET ADDRESS	7700-2 Carriage Homes Dr.	
CITY-ST-ZIP	CHESTERFIELD MO 63017		1.4 CITY-ST-ZIP	Orlando, FL. 32819	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DUGGAN, BETTY J		2.2 NAME		
STREET ADDRESS	2330 BIRCHVIEW		2.3 STREET ADDRESS		
CITY-ST-ZIP	FLORISSANT MO 63033		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

AS 6.15

FLORIDA DEPARTMENT OF STATE
-06/10/98-01051 030
***150.00

14. I hereby certify that the information supplied with this filing 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: [signature] 6/6/98

CR2E034 (10/97)