FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G06990 (7)

1. Corporation Name

SEA CASTLE MOTEL, INCORPORATED

Principal Place of Business	Mailing Address
10750 GULF BVLD TREASURE ISLAND FL 33706	10750 GULF BVLD TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1982**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: **22-2424971** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) (29) Country (25) (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRIS, THOMAS M 150 2ND AVE N STE 1500 ST PETERSBURG FL 33731	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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Thomas M Harris — 04/20/95
(Typed or printed name of person signing) (Title if applicable) (Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WILSON, BRUCE L	12 NAME	
STREET ADDRESS	KARTWAY HSE, LUGWARDINE	13 STREET ADDRESS	
CITY-ST-ZIP	HEREFORD, ENGLAND	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	WEBB, MICHAEL	22 NAME	
STREET ADDRESS	BURTON ON TRENT	23 STREET ADDRESS	
CITY-ST-ZIP	TRENT, ENGLAND	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	CLIFFORD, PETER	32 NAME	
STREET ADDRESS	3 YORK STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER, ENGLAND	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 above or on an attached report with an address.

SIGNATURE: [signature] MR. B.L. WILSON — 04/28/95 — 813 361 2704
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR (Date) (Daytime Phone #)

0445446 FP

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DIVISION OF CORPORATIONS

DOCUMENT # G07931 (0)

1. Corporate Name
PRONTO SYSTEMS, INCORPORATED

Principal Office Address
% R.T. OGAN
13097 LOIS AVE.
SEMINOLE FL 34646

Mailing Address
% R.T. OGAN
13097 LOIS AVE.
SEMINOLE FL 34646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 11/10/1982	3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2248190	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/will, by/during the year, be engaged in business subject to the provisions of Florida Statutes: Yes / No	

21 Principal Office Address
22 Principal Office Apt. #, etc.
23 Principal Office City & State
24 Principal Office Zip
25 Principal Office County

26 Mailing Address
27 Mailing Apt. #, etc.
28 Mailing City & State
29 Mailing Zip
30 Mailing County

9. Name and Address of Current Registered Agent

OGAN, R.T.
13097 LOIS AVE.
SEMINOLE FL 34646

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 Section 607.1005, Florida Statutes, this dissolved corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The signature(s) below authorize(s) the following statement to be filed. (Must be typed or printed.) If changing registered agent, the new registered agent must sign the consent statement in Section 10 above.

(Optional)

12. OFFICER AND DIRECTOR DATA		13. ADDITIONS, CHANGES TO OFFICER AND/OR DIRECTOR DATA
31 Title	STD	Change / Addition
32 Name	OGAN, SHARON K	
33 Street Address	13097 LOIS AVENUE	
34 City-State-Zip	SEMINOLE FL	
35 Title	PD	Change / Addition
36 Name	OGAN, RONALD T	
37 Street Address	13097 LOIS AVENUE	
38 City-State-Zip	SEMINOLE FL	
39 Title	D	Change / Addition
40 Name	FICARROTTA, PHILLIP	
41 Street Address	13903 BITTERSWEET	
42 City-State-Zip	TAMPA FL	
43 Title		Change / Addition
44 Name		
45 Street Address		
46 City-State-Zip		
47 Title		Change / Addition
48 Name		
49 Street Address		
50 City-State-Zip		
51 Title		Change / Addition
52 Name		
53 Street Address		
54 City-State-Zip		

14. I further certify that the corporation named above has complied with the filing, voluntary dissolution and/or withdrawal requirements of Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 10 above as the registered agent for the above-named corporation.

SIGNATURE: Ronald Ogan 4/29/95 (813) 391-6778
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0971722 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # G08697 (6)

GAYLE ENTERPRISES INC.

P.O. BOX 915664
LONGWOOD FL 32791-5664

P.O. BOX 915664
LONGWOOD FL 32791-5664

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/17/1982	05/01/1994
4. FEI Number: 59-2235526	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	

9. Name and Address of Current Registered Agent

HOLLAND, EDWIN
228 NOB HILL CIR.
LONGWOOD FL 32779

New Address

10. Name and Address of New Registered Agent

81 Name: Holland Edwin
82 Street Address (P.O. Box Number is Not Acceptable): 236 Nob Hill Cir.
83
84 City: Longwood FL 85 Zip Code: 32779

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]

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLLAND, EDWIN
STREET ADDRESS	228 NOB HILL CIR.
CITY-ST-ZIP	LONGWOOD FL
TITLE	V
NAME	HOLLAND, GAYLE
STREET ADDRESS	228 NOB HILL CIR.
CITY-ST-ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing ... Chapter 607, Florida Statutes ...

SIGNATURE: [signature] Edwin L. Holland 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-865-9500

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