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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G43469**

(7)

1. Corporation Name

CASMIN, INCORPORATED

Principal Place of Business

**361 W. ALFRED ST. SUITE 361
P.O. BOX 1327
TAVARES FL 32778**

Mailing Address

**361 W. ALFRED ST. SUITE 361
P.O. BOX 1327
TAVARES FL 32778-1327**

3. Date Incorporated or Qualified

06/06/1983

3a. Date of Last Report

01/25/1996

4. FEI Number

59-2288072

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

32506 CR 473

Suite, Apt. #, etc.

P.O. Box 895250

City & State

LEESBURG, FL

Zip

34789

Country

U.S.

2a. Mailing Address

32506 CR 473

Suite, Apt. #, etc.

P.O. Box 895250

City & State

LEESBURG FL

Zip

34789

Country

U.S.

9. Name and Address of Current Registered Agent

**CASP, MARK A.
33003 KARL COURT
LEESBURG FL 34788**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE

NAME **CASP, MARK A**
STREET ADDRESS **33003 KARL COURT**
CITY-ST-ZIP **LEESBURG FL**

TITLE **D** ☒ DELETE

NAME **BOGGUS, DAN A.**
STREET ADDRESS **ROD N REEL RD.**
CITY-ST-ZIP **TAVARES FL**

TITLE **S** ☐ DELETE

NAME **CASP, MARCY**
STREET ADDRESS **33003 KARL CT**
CITY-ST-ZIP **LEESBURG FL**

TITLE **D** ☒ DELETE

NAME **WHITEAKER, JAMES L.**
STREET ADDRESS **618 HERSHEL DR.**
CITY-ST-ZIP **TEMPLE TERRACE FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

Mark A. Casp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

A CASP

14 JAN 97 352-343-0680

Date

Daytime Phone

CR2E034 (9/96)