SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business % DOLORES & PANCIO



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT #

BLUE CASTLE CONSTRUCTION, INC.

Mailing Address

% DOLORES J. PANCIO

Aug 04, 1999 8:00 am Secretary of State

08-04-1999 90007 039 ***550.00



6130 CLARK CENTER AVE #105 SARASOTA FL 34238		6130 CLARK CENTER AVE #105 SARASOTA FL 34238			DO NOT WRITE IN THIS	S SPAC	F	
ONNAOUTA TE	34230	ONINGOTA TE 04200			3. Date Incorporated or Qualified 12/28/1983			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Appli	ied For
21		26			59-2466665 Not App			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip			Count	······································	8. This corporation owes the current year			
24	25	29	30	•	Intangible Personal Property. Yes No			No
	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered	Agent		
			8	1 Name				
	icio, dolores j.		82 Street Ado		dress (P.O. Box Number is Not Acceptable)			\longrightarrow
	0 CLARK CENTER AVE #105 IASOTA FL 34238		8		dress (P.O. Bux raumber is not Acceptable)			
OA1	NOOTA TE GTEOD					1051	Zìp Co	.do
			8	4 City	FL	85	Zip Co	ue
11. Pursuant office or agent I. SIGNATURE	registered agent, or both; in the Stat am familiar with, and accept the oblig	e of Florida, Such change was gations of, section 607,0505, f	s authorized t Torida Statut	by the corpora	poration submits this statement for the purpose of oution's board of directors. I hereby accept the appointment of the purpose	nanging intment	as regis	stered stered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTOR	S IN 12
TITLE	PD	DELETE	1,1 TITLE			Ch	ange [Addition
NAME	PANCIO, GREG		1.2 NAMI	 				Ì
STREET ADDRESS	1772 OAK LAKES DR.		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SARASOTA FL	_	1.4 CITY-	ST-ZIP				
TITLE	TS	DELETE	2.1 TITLE			☐ Ch	iange [_	Addition (
NAMÉ	PANCIO DOLORES J.		2.2 NAM	:				ļ
STREET ADDRESS	1772 OAK LAKES DR.		2.3 STRE	ET ADDRESS				ĺ
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-	ST-ZIP	<u> </u>			
TITLE		DELETE	. 3.1 TITLE	·		Ch	nange [_	Addition
NAME			3.2 NAM	.				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4 CITY-	ST-ZIP				
TITLE		DELETE	4.1 TITLE			L Ch	nange [_	Addition
NAME			4.2 NAM	■				i
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		DELETE	5.1 TITLE			L Ch	nange [_	Addition
NAME			5.2 NAM	=		•		
STREET ADDRESS			5.3 STRE	ET ADDRESS	2			-
CITY-ST-ZIP	. , , ,		5.4 CITY	ST-ZIP				<u>, ·</u>
TITLE		☐ DELETE	6.1 TITLE			L_ Ch	nange L	Addition
NAME	<u> </u>		6.2 NAMI	=				
STREET ADDRESS			6.3 STRE	ET ADDRESS				ļ
CITY-ST-ZIP			6.4 CITY					
14 hereby co	ertify that the information supplied wit	th this filing does not qualify for	r the exemption	on stated in se	ection 119.07(3)(i). Florida Statutes, I further certify	/ that the	a informa	ation

indicated on this annual report or supplied with this limits does not quality for the exemption stated in section 1.19.07(5)(t), Frontal statutes. 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: