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Mar 20 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 # H76340 (9)

1. Corporation Name

CASTILLO'S PAINT & BODY SHOP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% EDGAR M. CASTILLO % EDGAR M. CASTILLO
516 SOUTH TAMiami TRAIL 516 SOUTH TAMiami TRAIL
RUSKIN FL 33570 RUSKIN FL 33570

2. Principal Place of Business. 2. Mailing Address
21 Karen Castillo 26 Karen Castillo
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 516 S. Tamiami Trail 27 516 S. Tamiami Trl.
City & State City & State
23 Ruskin, FL 28 Ruskin, FL
Zip Country Zip Country
24 33570 25 USA 29 33570 30 USA

3. Date incorporated or Qualified
09/17/1985
4. FEI Number Applied For
59-2613144 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

9. Name and Address of Current Registered Agent
CASTILLO, EDGAR M.
516 SOUTH TAMiami TRAIL
RUSKIN FL 33570

10. Name and Address of New Registered Agent
81 Name
Karen M. Castillo
82 Street Address (P.O. Box Number is Not Acceptable)
516 S. Tamiami Trl.
83 Ruskin
84 City
FL 85 Zip Code
33570

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

Karen M. Castillo

3/16/98

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 PD
NAME CASTILLO, EDGAR M.
STREET ADDRESS 516 S TAMiami TRL
CITY-ST-ZIP RUSKIN FL
TITLE D
NAME CASTILLO, KAREN M.
STREET ADDRESS 516 S TAMiami TRL
CITY-ST-ZIP RUSKIN FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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 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 Karen M. Castillo 3/16/98 013115-3107

CR2E034 (10/97)