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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:14

DOCUMENT # H89610 (0)

1. Corporation Name
CASTAWAYS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~C/O CLARA A. MOWEN~~ 5430 N.SUNCOAST BLVD. CRYSTAL RIVER FL 34428 US	~~C/O CLARA A. MOWEN~~ 5430 N.SUNCOAST BLVD. CRYSTAL RIVER FL 34428 US

2. Principal Place of Business	2a. Mailing Address
21 CASTAWAYS BAR + GRILL	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1985
3a. Date of Last Report: 04/26/1994
4. FEI Number: ~~59-2297932~~ 59-2655853 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARA A. MOWEN
9615 LAUREL OAK LANE
CRYSTAL RIVER FL 32629

10. Name and Address of New Registered Agent

81 Name: DANIEL A. SPRAGUE
82 Street Address (P.O. Box Number is Not Acceptable): 3944 N. SEMINOLE PT.
83
84 City: CRYSTAL RIVER FL 85 Zip Code: 34428

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 Daniel A Sprague DANIEL A. SPRAGUE, PRESIDENT 2-22-95

12. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	MOWEN, CLARA A.
STREET ADDRESS	9615 LAUREL OAK RD
CITY ST ZIP	CRYSTAL RIVER 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	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, TREASURER	☒ Change ☐ Addition
1.2 NAME	DANIEL A. SPRAGUE	
1.3 STREET ADDRESS	3944 N. SEMINOLE PT.	
1.4 CITY ST ZIP	CRYSTAL RIVER, FL 34428	
2.1 TITLE	V. PRESIDENT, SECRETARY	☒ Change ☐ Addition
2.2 NAME	CAROL S. SPRAGUE	
2.3 STREET ADDRESS	3944 N. SEMINOLE PT.	
2.4 CITY ST ZIP	CRYSTAL RIVER, FL 34428	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Daniel A Sprague DANIEL A. SPRAGUE 2-22-95 (904) 795-3653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0381778 CP