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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H95769**

1. Corporation Name
THE CSTL CORPORATION



Principal Place of Business	Mailing Address
% ROBERT S. HUDGENS 111 S.E. BEAL PARKWAY FT WALTON BEACH FL 32548 US	% ROBERT S. HUDGENS 111 S.E. BEAL PARKWAY FT WALTON BEACH FL 32548 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/23/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2688404	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HUDGENS, ROBERT S. 111 S.E. BEAL PARKWAY FT WALTON BEACH FL 32548				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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		DATE	
<i>Robert S. Hudgens</i>		1/2/98	
<small>Signature, type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	
NAME	HUDGENS, EDNA E.	12 NAME	
STREET ADDRESS	8909 SCHOONER CT	13 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	14 CITY-ST-ZIP	
TITLE	PSTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDGENS, ROBERT S.	2.2 NAME	
STREET ADDRESS	040 CREEK CIR	2.3 STREET ADDRESS	256 Ventura Circle
CITY-ST-ZIP	FT. WALTON BEACH FL	2.4 CITY-ST-ZIP	Ft Walton Bch, FL 32548
TITLE		3.1 TITLE	VPD
NAME		3.2 NAME	Denise Hudgens Whaley
STREET ADDRESS		3.3 STREET ADDRESS	1017 Countryside Ct
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft Walton Bch, FL 32547
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Katherine Harris* 1/2/98 850-244-2100
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)