

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90142 023 ***158.75

DOCUMENT # J10097

1. Corporation Name
CASTANA ASSOCIATES, INC.

Principal Place of Business
4855 LENOX AVENUE
JACKSONVILLE FL 32205

Mailing Address
4855 LENOX AVENUE
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1986

4. FEI Number

59-2659445

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 1954 Greenwood Avenue

2a. Mailing Address
26 1954 Greenwood Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 Jacksonville, FL

City & State
28 Jacksonville, FL

Zip Country
24 32205 25 USA

Zip Country
29 32205 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLBROOK, KATHLEEN F.
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202

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 DP ☐ DELETE
NAME MEADORS, JACK W. III
STREET ADDRESS 4855 LENOX AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ST ☐ DELETE
NAME MEADORS, ELISE W.
STREET ADDRESS 4855 LENOX AVE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 DP ☒ Change ☐ Addition
1.2 NAME Meadors, Jack W., III
1.3 STREET ADDRESS 1954 Greenwood Av.
1.4 CITY-ST-ZIP Jacksonville, FL 32205

2.1 TITLE ST ☒ Change ☐ Addition
2.2 NAME Meadors, Elise W.
2.3 STREET ADDRESS 1954 Greenwood Av.
2.4 CITY-ST-ZIP Jacksonville, FL 32205

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, with all other like empowered.

SIGNATURE: *Jack W. Meadors III* Jack W. Meadors, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-99

Date

904-388-0101

Daytime Phone #

CR2E034 (11/98)