

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

FILED

May 07 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08469 (9)

1. Corporation Name
CASTLETON HOLDINGS, INC.

Principal Place of Business

12200 N. MAIN STREET
JACKSONVILLE FL 32218
US

Mailing Address

P. O. BOX 26368
JACKSONVILLE FL 32226-6368
US

3. Date Incorporated or Qualified

12/18/1985

3a. Date of Last Report

04/18/1996

4. FEI Number

59-2571176

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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: type (or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SUAREZ, OSCAR	
STREET ADDRESS	A-9 ACROPOLIS	
CITY-ST-ZIP	QUAYNABO PU	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FAULKNER, WALTER T.	
STREET ADDRESS	64 WOODBINE AVE.	
CITY-ST-ZIP	LARCHMONT NY	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BELAVAL, MARIO S.	
STREET ADDRESS	LLORENS TORRES 399	
CITY-ST-ZIP	HATO REY PR	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAUTHEN, CHARLES	
STREET ADDRESS	2480 ELBOW ROAD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DEL ROSAL, ROBERTO	
STREET ADDRESS	179 TULIPAN STREET	
CITY-ST-ZIP	RIO PIEDRAS PU	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROMANACH, BENITO	
1.3 STREET ADDRESS	834 SHIPWATCH DR. E.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32225	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILSON III, FREDERICK J.	
2.3 STREET ADDRESS	2100 BISCAYNE BLVD.	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33137	
3.1 TITLE	VICE PRESIDENT/ DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LOPEZ, FELIPE	
3.3 STREET ADDRESS	13210 BIGGIN CHURCH ROAD	
3.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32224	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Charles Cauthen 4-28-97 (904) 757-1295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0043349

CR2E034 (9/96)