SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P12656** **(5)**

1. Corporation Name

CASTLETON, INC.

Principal Place of Business	Mailing Address
P. O. BOX 11889 2469 IRON WORKS PIKE LEXINGTON KY 40578	P. O. BOX 11889 2469 IRON WORKS PIKE LEXINGTON KY 40578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/23/1986**
3a. Date of Last Report: **04/18/1994**

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

4. FEI Number: **61-0428560** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DURIS, HAROLD S.
1800 S.W. THIRD STREET
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CASHMAN, JOHN A., JR.	12 NAME	
STREET ADDRESS	2469 IRON WORKS PIKE	13 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	TOLLESON, ROY M., JR.	22 NAME	
STREET ADDRESS	TWO BOAR'S HEAD PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	LANG, MICHAEL J.	32 NAME	
STREET ADDRESS	2469 IRON WORKS PIKE	33 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	VAN LENNEP, MARY H.	42 NAME	
STREET ADDRESS	3377 NORTH OCEAN BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP	
TITLE	AST	51 TITLE	☐ Change ☐ Addition
NAME	MULLIKIN, JACK B	52 NAME	
STREET ADDRESS	2469 IRON WORKS	53 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Jack B. Mullikin — 6/9/95 — (606) 231-8768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK B. MULLIKIN

0181200 FN