FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Segretary of State

19964-19-94

SIDNOF CORPORATIONS

DOCUMENT # 1. Corporation Name

P31227

BANDY'S CASTLETON INC.

5						
Principal Place of Business Mailing Address					041: 13001: 01:011 0 1:011	BISTA BARIA GARIA BARIA 1831
241 IVY FARM LANE CASSELBERRY FL 32707		241 IVY FARM LANE Casselberry FL 3				
				3. Date Incorporated or Qualified 10/01/1990		Last Report /27/1995
·····	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21	L	26		35-1651071		Not Applicable
Suite, Apt. / 22	#, etc.	Suite Apt. #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing		\$5.00 May Be
23		28		Trust Fund Contribution		Added to Fees
Zip	Country	Ζφ	Country	This corporation has liability for Florida Statutes	intangible tax u ∷ ∏ No	inder's 199.032;
24	25 9. Name and Address of Curren	29 t Registered Agent	[30]	10. Name and Address of New F		ent ·
			81 Name			III
BANDY	/, FREDERICK A		82 Street A	cidrose IP O. Box Number is Not Acceptab	nie)	
241 IVY FARM LANE			bz Sileet A	82 Street Address (P.O. Box Number is Not Acceptable)		
CASSE	ELBERRY FL 32707		83			
			84 City			85 Zip Code
			L_ <u></u>	poration submits this statement for the pu	FL	
familiär wit SIGNATURE	red agent, or both, in the State of Florinth, and accept the obligations of Sect. Signature, types or problemancial registerer agent.	ian 607.0505, Florida Statute:		oard of directors. I hereby accept the app	oomtment as reg	gistered agent Tam
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFF		
TITLE	P PANDY FORDERVOK A	☐ DELETE	1 1 TITLE			Change
NAME	BANDY, FREDERICK A 241 IVY FARM LANE		1.2 NAMÉ			
STREET ADDRESS	CASSELBERRY FL 32707		1 3 STREET ADDRESS			
CHY-ST-ZIP TITLE	ST ST	DELETE	2 1 TITLE			Change Addition
NAME	BANDY, LINDA M	-	2.2 NAME		—	
STREET ADDRESS	241 IVY FARM LANE		2.3 STREET ADDRESS			
CHTY - ST - ZIP	CASSELBERRY FL 32707		24 CHY ST-7IP			
ThTLE		☐ DETELE	3 1 T-TUE			Change 🔲 Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP		☐ DELETE	3.4 CITY - ST - 7/P1 4.1 TI*LE	····		Change
TITLE NAME			4 1 ITTLE			Grange
STREET ADORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - 7IP			
TITLE		DELETE	5 111LF			Change
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CIT+ - ST - 7IP			<u></u>
TITLE		□ DELETE	6 1 TITLE			Change
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City-SF-ZiF	w certify that the information supposed	eater this filterns vedont as lessow	nistract and rides not on d	fy for the exemption stated in Section 119	07(3)(k) Flored	a Statutes Utorther
certify that oath; that appears in	if the information indicated on trus ann. I am an officer or director of the corno Block 12 or Block 13 if changed, or j	inl report or supplemental and return or the receiver or trast an attachment with an add	nual report is true and acceed empowered to execute dress	urate and that my signature shall have the this report as required by Chapter 607, f	same legal eff lorida Statutes;	ect as if made under and that my name

SIGNATURE: ¿

1-24 96 407-857-8266