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

PROFIT CORPORATION ANNUAL REPORT

1996



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

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1. Corporation Name

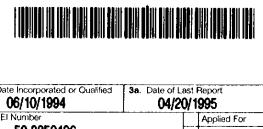
P94000044579 (8)

CASTERS, INC.

Principa!	Place of	Business
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Mailing Address

3610 N PALAFOX ST PENSACOLA FL 32505 3610 N PALAFOX ST PENSACOLA FL 32506



					 Date Incorporated or Qualified 06/10/1994 	3a. Date of Last Report 04/20/1995
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3250196	Not Applicable
Suite, Apt, #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Zip 29	Country 30	,	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New R	egistered Agent
3610 N	R, ROBERT G PALAFOX ST COLA FL 32505		81 82 83	Street Add	ress (P.O. Box Number is Not Acceptable	le)
, CHO/	000,12 0200	/	84	City		85 Zip Code
11. Pursuant t	o the provisions of Sections	0502 and 607.1508, Florida Statute	s, the above-	named corpo	ration submits this statement for the pur	pose of changing its registered office
familiar wit	ed agon, or toth, it the State of th, and account the springs ons of,	Florida. Such change was authorize Section 607.0505, Florida Statutes.	ed by the corp	oration's boa	ard of directors. I hereby accept the appo	intrient as registered agent. I am
SIGNATURE	Signature, typed or printed name of Asserte	o agent and title if applicable (NOT	E: Registered Age	nt signature require	ed when reinstating)	DATE
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TOLE	P	DELETE	1 1 THILE			☐ Change ☐ Addition
NAME	glover, robert		1.2 NAME			
STREET ADDRESS	5003 SKYLARK CT		1.3 STREE	T ADDRESS		
CITY - ST - ZIP	PENSACOLA FL		1.4 CiTY-1	ST-ZIP		
TITLE	ST	DELETE	2 1 TITLE			Change: Addition
NAME	GLOVER, JEAN		2 2 NAME			
STREET ADDRESS	5003 SKYLARK CT		2 3 STREE	ADDRESS		
CHTY - ST - 7IP	PENSACOLA FL		2 4 CITY-	ST-ZIP		
THILE		☐ DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	1		3.3. STREE	F ADDRESS		
CITY-ST-7IP			3.4 DITY-	ST-ZiP		
TITLE		DELETE	4. 1 TiTLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS	‡		4.3 STREE	T ADDRESS		
CITY - ST - ZIP			4.4 City -	ST-ZIP		
TIFLE		DELETE	5 1 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREE	F ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		☐ DELE1E	6 1 TITLE			Change: Addition
NAME		W ahangar	6.2 NAME			
STREET ADDRESS				I ADDRESS		
STREET NUMBERS			u.a aintt	VDDUC99		

6 4 CITY-ST-ZIP

14. Ido hereby certify that the information supplied with this filing is voluntary turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 receipt in 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 planged, or plan attachings with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.76-84 404.434.8338