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

DOCUMENT # P95000019588 (9)

1. Corporation Name

SAND CASTLE SERVICES, INC.

Principal Place of Business
~~1093 A-1-A BEACH BOULEVARD~~
~~POST OFFICE BOX 385~~
~~ST. AUGUSTINE FL 32084~~

Mailing Address
~~1093 A-1-A BEACH BOULEVARD~~
~~POST OFFICE BOX 385~~
~~ST. AUGUSTINE FL 32084~~

3. Date Incorporated or Qualified: 03/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1251 Beglan Point Dr
Suite, Apt #, etc. 22 520
City & State 23 Jacksonville FL
Zip 24 32246 Country 25 USA

2a. Mailing Address
26 1251 Beglan Point Dr
Suite, Apt #, etc. 27 520
City & State 28 Jacksonville FL
Zip 29 32246 Country 30 USA

4. FEI Number: 59-3307706 ☐ 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

DUFRESNE, DONALD M ESQ.
8777 SAN JOSE BOULEVARD, SUITE 302
JACKSONVILLE FL 32217

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 ____ (Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MCAULIFFE, MATTHEW M	
STREET ADDRESS	~~1093 A-1-A BEACH BLVD.~~, BOX 385	
CITY-ST-ZIP	~~ST AUGUSTINE FL 32084~~	
TITLE	STD	☐ DELETE
NAME	DWYER, MARGARET M	
STREET ADDRESS	1093 A-1-A BEACH BLVD., BOX 385	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	VD	☐ DELETE
NAME	WILSON, GARY	
STREET ADDRESS	1093 A-1-A BEACH BLVD., BOX 385	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
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		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	168 Turtle Bay Lane	
1.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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)(k), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Matthew M. McAuliffe

Date: 1-17-96 Daytime Phone #: (904) 720-5292