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

Mailing Address

5075 -54TH WAY NORTH

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000051103 (6)

CASTLE KEEPERS, INC.

Principal Place of Business 5075 -54TH WAY NORTH

appears in Block 12 or

SIGNATURE

ST. PETERSBURG FL 33709-3747 ST. PETERSBURG FL 33709 3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1995 04/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3325072 Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country  $Z_{i0}$ Country This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VALESKY, STEPHANIE S 5207 - 48TH TERRACE NORTH 62 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33709 83 84 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 607.0506, Florida Statutes. SIGNATURE Sign of the Hypicid or printed name of registerest agent and title if applicance (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition THE VD 1 1 TITLE NAME SWAIN, PAULA S 1.2 NAME 5075 - 54TH WAY NORTH 1.3 STREET ADDRESS STREET ADORESS ST. PETERSBURG FL 33709 CHY-ST-20 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SWAIN, CHARLES R NAME 22 NAME 5075 - 54TH WAY NORTH 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33709 2. 4 DITY-ST-ZIP CITY-ST-ZI-DELETE Change Addition HILE 3 1 THEF VALESKY, STEPHANIE S 3.2 NAME NAME 5207 - 48TH TERRACE NORTH 3.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33709 34. CITY-ST-ZIP CITY - ST - ZIP DELETE Change ☐ Addition 4.1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CHY ST-ZIF DELETE 51 TITLE ☐ Addition THEF 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHTY-ST-ZIP CHTY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-7/C

14. I do hereby certify that the information supplied with this filling 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 copyring on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

FILED Apr 08 1997 8:00am Secretary of State

