

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

APPROVED
AND
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1997 JUN 23 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000056072 (8)**

1. Corporation Name

CASTLE AUTOMOTIVE, INC.

Principal Place of Business

**620-B MT VERNON
OLDSMAR FL 34677**

Mailing Address

**620-B MT VERNON
OLDSMAR FL 34677-3024**

2. Principal Place of Business

21 111 PINE AVENUE

Suite, Apt. #, etc.

22 UNIT A

City & State

23 OLDSMAR FL

Zip

24 34677

Country

25 PINELLAS

2a. Mailing Address

26 111 PINE AVENUE

Suite, Apt. #, etc.

27 UNIT A

City & State

28 OLDSMAR FL

Zip

29 34677

Country

30 PINELLAS

3. Date Incorporated or Qualified

07/18/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3328652

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$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

**CASTLE, TIM
620-B MT VERNON
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent

81 Name

CASTLE, TIM

82 Street Address (P.O. Box Number is Not Acceptable)

111 PINE AVENUE

83

UNIT A

84 City

OLDSMAR

FL

85 Zip Code

34677

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 **x Tim Castle Pres**

(NOTE: Registered Agent's signature required when re-stating)

DATE

x 4-30-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DP
NAME CASTLE, TIM
STREET ADDRESS 620-B MT. VERNON
CITY-ST-ZIP OLDSMAR FL 34677**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
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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

**DP
NAME CASTLE, TIM
STREET ADDRESS 111 PINE AVENUE UNIT A
CITY-ST-ZIP OLDSMAR FL 34677**

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**

14. I do hereby certify that the information supplied with this filing 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.

CR2E034 (9/96)