

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

FILED

Mar 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000065032 (1)

1. Corporation Name

CASTLE FLOOR CARE INC.



Principal Place of Business

25745 POWELL ROAD  
BROOKSVILLE FL 34602

Mailing Address

25745 POWELL ROAD  
BROOKSVILLE FL 34602-9124

3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

21 25767 POWELL Rd.

2a. Mailing Address

26 25767 POWELL Rd.

22 Suite, Apt. #, etc.

23 BROOKSVILLE, FL

24 34602 25 USA

27 Suite, Apt. #, etc.

28 BROOKSVILLE, FL

29 34602 30 USA

4. FEI Number

59-3331385

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

KING, RAYMOND L  
25745 POWELL ROAD  
BROOKSVILLE FL 34602

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

Signature Type: For printed name of registered agent and director, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PST                  | <input type="checkbox"/> DELETE |
| NAME           | KING, RAYMOND L      |                                 |
| STREET ADDRESS | 25745 POWELL ROAD    |                                 |
| CITY- ST- ZIP  | BROOKSVILLE FL 34602 |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY- ST- ZIP  |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY- ST- ZIP  |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY- ST- ZIP  |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY- ST- ZIP  |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | PST                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | KING, RAYMOND L       |                                                                              |
| 1.3 STREET ADDRESS | 25767 POWELL Rd.      |                                                                              |
| 1.4 CITY- ST- ZIP  | BROOKSVILLE, FL 34602 |                                                                              |
| 2.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                       |                                                                              |
| 2.3 STREET ADDRESS |                       |                                                                              |
| 2.4 CITY- ST- ZIP  |                       |                                                                              |
| 3.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                       |                                                                              |
| 3.3 STREET ADDRESS |                       |                                                                              |
| 3.4 CITY- ST- ZIP  |                       |                                                                              |
| 4.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                       |                                                                              |
| 4.3 STREET ADDRESS |                       |                                                                              |
| 4.4 CITY- ST- ZIP  |                       |                                                                              |
| 5.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                       |                                                                              |
| 5.3 STREET ADDRESS |                       |                                                                              |
| 5.4 CITY- ST- ZIP  |                       |                                                                              |
| 6.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 (352) 796-8338

CR2E034 (9/96)