

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name
CASTLE-HEIN, INC.

1604 SE 46TH ST
CAPE CORAL FL 33990

1604 SE 46TH ST
CAPE CORAL FL 33990

21 S. ch., Apt. n, etc.

22 City & State

23	Zip	Country
----	-----	---------

24	25
----	----

9. Name and Address
CASTLE, DAVE E
1128 SW 42ND TER
CAPE CORAL FL 33914

11. Pursuant to the provisions of Sections 607.0902 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. Thereby accept the appointment as registered agent. I am the director and accept the obligation of the corporation in 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	DP	☐ DELETE
STREET ADDRESS	HEIN, SUE	
CITY, STATE, ZIP	503 SE 20TH CT	
NAME	CAPE CORAL FL 33990	
STREET ADDRESS	DV	☐ DELETE
CITY, STATE, ZIP	CASTLE, DAVE E	
NAME	1128 SW 42ND TER	
STREET ADDRESS	CAPE CORAL FL 33914	
CITY, STATE, ZIP	DST	☐ DELETE
NAME	CASTLE, TINA E	
STREET ADDRESS	1128 SW 42ND TER	
CITY, STATE, ZIP	CAPE CORAL FL 33914	☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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:

Tina E Castle TINA E. CASTLE 1-19-96 (941) 544-1818

CR2E034 (12/95)