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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

DOCUMENT # P95000084816

Country

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PAUL DOUGLAS CASTEEL, INC.

Mailing Address Principal Place of Business 10921 MINDANAO DRIVE SOUTH 10921 MINDANAO DRIVE SOUTH JACKSONVILLE FL 32246 JACKSONVILLE FL 32246

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2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## **FILED** Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90251 012 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired -  $\Box$ 

8. This corporation owes the current year Intangible

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

11/01/1995

59-3351091

4. FEI Number

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			Name		
CASTEEL, PAUL D			2 Street Address (P.O. Box Number is Not Acceptable)		
10921 MINDANAO DRIVE SOUTH			0	, , , , , , , , , , , , , , , , , , , ,	
JACKSONVILLE FL 32246					
		84	City	85 Zip Code	
			]	_ FL	
office or n	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auth in familiar with, and accept the obligations of, Section 607.0505, Florida	orized by	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	C) (NOTE Per	veterad Aner	nt signature i	required when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered / OFFICERS AND DIRECTORS 13.			K signature /	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	CASTEEL, PAUL DOUGLAS	1.2 NAME			
	ARRA AMICANA O DONE ACUTU	1.3 STREET ADDRESS			
STREET ADDRESS	JACKSONVILLE FL 32246				
CITY-ST-ZIP	DELETE	2.1 TITLE		☐ Change ☐ Addition	
TITLE		2.2 NAME			
NAME					
STREET ADDRESS			TADDRESS	<del>.</del>	
CITY-ST-ZIP	∏ DELETE	2. 4 CITY-5 3.1 TITLE	SI-ZIP	☐ Change ☐ Addition	
TITLE		3.2 NAME			
NAME		ľ			
STREET ADDRESS			T ADDRESS	<b>'</b>	
CITY-ST-ZIP	□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
TITLE	Defrit			Contract Con	
NAME		4. 2 NAME			
STREET ADDRESS			TADDRESS	<i>i</i>	
CITY-ST-ZIP	DELETE	4.4 CITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE	DETELE 1	5.1 TITLE 5.2 NAME			
NAME			T + DDDF-00		
STREET ADDRESS			TADDRESS	<b>'</b>	
CITY-ST-ZIP	El per ete	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Additio	
TITLE	☐ DELETE				
NAME		6.2 NAME			
STREET ADDRESS			TADDRESS	;	
CITY-ST-ZIP		6.4 CITY-S			
14. I hereby of indicated	certify that the information supplied with this filing does not qualify for th on this annual report or supplemental annual report is true and accurat	e exempt e and tha	ion state it my sigr	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under cath; that I am an	

Country

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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

PAUL DOUGLAS CASTEEL, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(504) 646-0518 Daytime Phone #