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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000054101 (6)

CASTLE CAPITAL CORP.

Frincipal Place of Business				
877	EXECUTIVE	<b>QENTER</b>	DR.	WES

FILED May 15 1998 8:00am Secretary of State



Mailing Address 877 EXECUTIVE CENTER DR. WEST GLADES BLDG., STE. 303 GLADES BLDG., STE. 303 ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3394688 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Zip Country Country Ziti This corporation owes or has paid the current year Intangible 24 25 30 Yes 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MASCARA, ERNEST L 877 EXECUTIVE CENTER DR. WEST 82 Street Address (P.O. Box Number is Not Acceptable) GLADES BLDG., STE. 303 **B3** ST. PETERSBURG FL 33702 84 City 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 Horida. 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: typed or printed name of registered agent and title if applicable (NOTI : Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE **PSTD** TITLE 1.5 TITLE Change Addition **BALL, RONALD W** NAME 1.2 NAME STREET ADDRESS 877 EXECUTIVE CENTER DR. WEST, STE. 303 1.3 STREET ADDRESS ST. PETERSBURG FL 33702 CITY-ST-ZIP 1.4 CiTY-ST-ZIP TITLE DELETE HILE Change UP ✓ Addition NAME 2.2 NAME ERNEST LIMASCACA 877 EXECUTIVE CONTER DA, WIST, SUITE 303 STREET ADDRESS 2.3 STREET ADDRESS SI. PETERSBURG, PL. 327 DL CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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.