

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000083221 (7)**

1. Corporation Name

CST96, INC.

Principal Place of Business

**4625 EAST BAY DRIVE
SUITE 201
CLEARWATER FL 34625 33764**

Mailing Address

**4625 EAST BAY DRIVE
SUITE 201
CLEARWATER FL 34625 33764**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1986

4. FEI Number

59-3408393

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 **33764**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 **33764**

30

9. Name and Address of Current Registered Agent

**TYLER, SCOTT J
2856 SABER DRIVE
CLEARWATER FL 34619**

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
33759

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

SCOTT J. TYLER, PRESIDENT

8/3/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D TYLER, SCOTT J**
STREET ADDRESS **2856 SABER DR**
CITY-STATE-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **D TYLER, CRAIG H**
STREET ADDRESS **18 MARINA TERR**
CITY-STATE-ZIP **TREASURE ISLAND FL**

TITLE ☐ DELETE

NAME **D TYLER, TIMOTHY T**
STREET ADDRESS **17 BELLEVUE DR**
CITY-STATE-ZIP **TREASURE ISLAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2856 SABER DRIVE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☒ Change ☐ Addition

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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, on an attachment with an address.

SIGNATURE:

SCOTT J. TYLER, PRESIDENT **8/4/98** **727-536-5588**

CR2E034 (5/98)