

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

Jul 08 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 # P97000023137 (7)
1. Corporation Name

CASTLE DELEON INC.



Principal Place of Business

540 BAY STREET
DUNEDIN FL 34698

Mailing Address

540 BAY STREET
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1997

4. FEI Number

59-343-2686

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

2a. Mailing Address

21 542 Bay Street

26 542 Bay Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Dunedin Florida

City & State

28 Dunedin Florida

Zip

24 34698

Country

25 Pinellas

Zip

29 34698

Country

30 Pinellas

9. Name and Address of Current Registered Agent

DELEON MOSS, DEBRA
540 BAY STREET
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

Debra DeLeon Moss

82 Street Address (P.O. Box Number is Not Acceptable)

544 Bay Street

83

84 City

Dunedin

FL

85 Zip Code

34698

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]*
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 D ☐ DELETE

NAME DELEON MOSS, DEBRA

STREET ADDRESS 540 BAY STREET

CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Debra DeLeon Moss

1.3 STREET ADDRESS 544 Bay Street

1.4 CITY-ST-ZIP Dunedin, FL 34698

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Cheryl A. Alderman

2.3 STREET ADDRESS 2702 Whitney Road

2.4 CITY-ST-ZIP Clearwater, FL 33760

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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. I am attaching with an address.

SIGNATURE *[Signature]* Cheryl A. Alderman VP 6/1/98 013-736-0181

CR2E034 (5/98)