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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham 🗻

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000042855 (1)

CAST REPAIR, INC.

Principal Place of Business

Mailing Address

1421 COURT STREET. SUITE B

1421 COURT STREET, SUITE B

FILED Feb 27 1998 8:00am Secretary of State



813 5324262

CLEARWATER	FL 34616 CLEARWATER FL 34616			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified
B Dringing D	lace of Business				05/12/1997
2. Principal Pi	1 2 ad StS	26. Mailing Address 26. PO BOX \~	اجدا		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	107		Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State Cily & State					6. Election Campaign Financing \$5.00 May Be
23 Largo Fla 28 Largot					Trust Fund Contribution Added to Fees
Zip 24 ろうつ	TTI 25 Pinellas	33779 W	Country		8. This corporation owes or has paid the current year Intangible
24] 00	g. Name and Address of Current	29 コラピア 30 Registered Agent	51 L 1 17	ellas	Personal Property Tax due June 30. Yes M No 10. Name and Address of New Registered Agent
HE	RSEM, THOMAS G		81	Name	0
1421 COURT STREET, SUITE B			82 Street Address (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34616					A Fladrose (F.O., Box Harrison is Not Floodplathly)
*			83		
			84	City	85 Zip Code
dd's Dissessed A	to the association of Configure COT OF OR			l	FL
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typod or printed name of registerial agent a	and their applicable (NOTE R	egistered Ag	ent signature	ure required when reinstating) DATE
12.	OFFICERS AND L		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		PST D Addition
NAME	HERSEM, THOMAS O BOU	inds, vackie	1.2 NAME		Jackie Bounds
STREET ADDRESS	1421 COURT STREET, SUITE B CLEARWATER EL 34616	'		T ADDRESS	Jackie Bounds 611 2nd Str. SE Largo F1 337781
CITY-ST-ZIP TITLE	CEENWATEN EL 34010	DELETE	1.4 CITY - S 2.1 TITLE	51 - ZIP	Change Addition
NAME			2.2 NAME		Visually Distriction
STREET ADDRESS			2 3 STREET	ADDRESS .	\$
CITY-ST-ZIP			2. 4 CiTY-		
TITLE		DEVETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	i	
STREET ADDRESS			3.3 STREET		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-1 4.1 TITLE	ST-ZiP	☐ Change ☐ Addition
NAME	× ·	HAND STATE	4.7 IIILL 4. 2 NAME		
STREET ADDRESS			4.3 STREET	- 1	
CITY-ST-ZIP			4.4 CiTY - 5		
TITLE	,	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	;
CITY-ST-ZIP		Druric	5 4 C(TY - 9	ST-ZiP	
TITLE NAME		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME 6.3 STREET	. VUUDEGG	
CITY-ST-ZIP			6.4 CITY- S		
14. I hereby c	ertily that the information supplied with	this filing does not qualify for the	he exemp	tion state	ated 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 truslee 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.					