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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000082460**1. Corporation Name

CASTILLO CONSTRUCTION, CORP.

Principal Place of Business Mailing Address					
3013 54TH TERRACE S.W. 3013 54TH TERRACE S.W. NAPLES FL 34116 NAPLES FL 34116					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 09/23/1998
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For Applied For Not Applicable
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip 24	Country Zip 29 30		Counti	У	8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
	-		8	1 Name	•
AVILA, JUAN L 3013 54TH TERRACE S.W.			8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)
NAPLES FL 34116			8	3	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Ťl	
			8	4 City	FL 85 Zip Code,
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was au	thorized b	y the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE		(NOTE)	Conjutated An	net signature requ	uired when reinstating) DATE
Organization, types of particle matter agreement agreeme			13.	ant signatura rado	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 TITLE		Change Addition
NAME	AVILA, JUAN L		1.2 NAME	.	
STREET ADDRESS	3013 54TH TERRACE S.W.		1	ET ADDRESS	
CITY-ST-ZIP NAPLES FL 34116			1.4 CITY		
TITLE	THAT ELD TE OTT TO	☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	:	
STREET ADDRESS			2.3 STRE	ET ADORESS	
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP	
TITLE			3.1 TITLE		☐ Change . ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STRE	ET ADDRESS	
C/TY-ST-ZIP			3.4. CITY	-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAM	ε	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAMI	•	** **
STREET ADDRESS			5.3 STR	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 🗡

TITLE NAME STREET ADDRESS

FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90024 041 ***150.00