FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S35162** **(4)**

1. Corporation Name

LINDSAY, CASTLE ENTERPRISES INCORPORATED

Principal Place of Business

~~13400 CHAMBOEL ST~~
~~SUITE 15~~
~~BROOKSVILLE FL 34613~~
US

Mailing Address

P O BOX 10040
BROOKSVILLE FL 34601
US

3. Date Incorporated or Qualified: 03/04/1991	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3060079	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 13400 Chambord St.	26
Suite, Apt. #, etc. 22 Unit 34	Suite, Apt. #, etc. 27
City & State 23 Brooksville, FL	City & State 28
Zip 24 34613 · Country 25 Hernando	Zip 29 · Country 30

9. Name and Address of Current Registered Agent

CASTILLO, JOSEPH
~~6496 GOODWAY DR~~
BROOKSVILLE FL ~~34605~~

10. Name and Address of New Registered Agent

81 Name: Castillo, Joseph
82 Street Address (P.O. Box Number is Not Acceptable): 6496 Goodway Dr.
83 Brooksville, FL 34605
84 City: FL · 85 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 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 X ____ DATE ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	CASTILLO, JOSEPH		1.2 NAME	Castillo, Joseph
STREET ADDRESS	~~5102 MAGGIE DRIVE S.W.~~		1.3 STREET ADDRESS	PO Box 10040 / 13494 CHAMBORD ST
CITY-ST-ZIP	~~STONE MOUNTAIN GA 30087~~		1.4 CITY-ST-ZIP	Brooksville, FL 34601 / B'ville 34613
TITLE	V	☐ DELETE	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	CASTILLO, JUDY		2.2 NAME	Castillo, Judy
STREET ADDRESS	~~5102 MAGGIE DRIVE S.W.~~		2.3 STREET ADDRESS	PO Box 10040 SAME
CITY-ST-ZIP	~~STONE MOUNTAIN GA 30087~~		2.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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	5.1 TITLE	300001884658 ☐ Change ☐ Addition
NAME			5.2 NAME	-07/05/96--01029--002
STREET ADDRESS			5.3 STREET ADDRESS	***225.00
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	07-03-96 OR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X Castillo Judy Castillo · 5-1-96 · 352-799-8393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (12/95)