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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S35162

1. Corporation Name

LINDSAY, CASTLE ENTERPRISES INCORPORATED

Principal Place of Business

13400 CHAMBOEL ST
SUITE 34
BROOKSVILLE FL 34613
US

Mailing Address

P O BOX 10040
BROOKSVILLE FL 34601
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1991

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 13434 Chambord St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

Brooksville F

27 City & State

28

24 Zip Country

34613 USA

29 Zip Country

346030040 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTILLO, JOSEPH
6496 GOODWAY DR
BROOKSVILLE FL 34605

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME CASTILLO, JOSEPH
STREET ADDRESS 13484 CHAMBORD ST
CITY-ST-ZIP BROOKSVILLE FL 34613

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P ☒ Change ☐ Addition

Castillo Joseph
13434 Chambord St
Brooksville, FL 34613

TITLE P VP ☐ DELETE

NAME CASTILLO, JUDY
STREET ADDRESS 13484 CHAMBORD ST
CITY-ST-ZIP BROOKSVILLE FL 34613

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P VP ☒ Change ☐ Addition

Castillo Judy
13434 Chambord St
Brooksville FL 34613

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, or on an attachment with an address with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1/19/99 800 634-2176

CR2E034 (11/98)