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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 21 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V29056** (1)

1. Corporation Name
CASTLESTONE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
301 ENTERPRISE ST. OCOEE FL 34761 US	7601 DELLA DRIVE SUITE 187 ORLANDO FL 32819 US

3. Date Incorporated or Qualified: 03/31/1992
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3116301	☐ Applied For ☐ Not Applicable
21	26 6754 Edgeworth Drive		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Orlando Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 32819 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No	

9. Name and Address of Current Registered Agent

HAYES, ROSEMARY H.
TWO SOUTH ORANGE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: William K Westbrook
82 Street Address (P.O. Box Number is Not Acceptable): 6430 W Colonial Dr
83
84 City: Orlando FL 85 Zip Code: 32818

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] 3-14-95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCULLOCH, ALEXANDER	1.2 NAME	
STREET ADDRESS	6754 EDGEWORTH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: [signature] ALEX MCCULLOCH - PRESIDENT 3/18/95 407-352-6079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061040 CP