

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H95769

**FILED**  
**Jan 08, 2017**  
**Secretary of State**  
**CC3812595646**

**Entity Name:** THE CSTL CORPORATION

**Current Principal Place of Business:**

% ROBERT S. HUDGENS  
111 S.E. BEAL PARKWAY  
FT WALTON BEACH, FL 32548

**Current Mailing Address:**

% ROBERT S. HUDGENS  
111 S.E. BEAL PARKWAY  
FT WALTON BEACH, FL 32548 US

**FEI Number:** 59-2688404

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HUDGENS, ROBERT S  
111 S.E. BEAL PARKWAY  
FT WALTON BEACH, FL 32548 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PTD  
Name           HUDGENS, ROBERT S  
Address        256 N.W. VENTURA CIR  
City-State-Zip: FT WALTON BEACH FL 32548

Title           VSD  
Name           BAVARIAN, SUSAN DENISE  
Address        111 BEAL PKWY, SE  
City-State-Zip: FT WALTON BEACH FL 32548

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT S HUDGENS

**PRES**

**01/08/2017**

Electronic Signature of Signing Officer/Director Detail

Date