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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 114793

(3)

THE CAPTIVA COMPANY

	FIIVA COMFAIN									
Principal Place of Business C/O DONALD M. PICKARD 307 S. FLORIDA AVE. BOX 471 LAKELAND FL 33802		307 S. FLORIDA AVE.	Mailing Address C/O DONALD M. PICKARD 307 S. FLORIDA AVE, BOX 471 LAKELAND FL 33802-0471							
						 Date Incorporated or Qualified 07/27/1927 	3a. Dai 04/2			port
2. Principal	Place of Businoss	2a. Mailing Address				4. FEI Number			Арр	lied For
1		26				59-0399230				Applicable
Suite, Apt #, etc		Surle, Apt. #, etc	Surie, Apt. #, elc.			5. Certificate of Status Desired Section 5.				
City & Sta	ite	City & State				Election Campaign Financing Trust Fund Contribution			.00 M	lay Be Fees
Zip	Country	Zip		Country	/	8. This corporation has tiability for	r intangible i	ax uno	der s.	199.032,
24	25	29	30				Yes [
	9. Name and Address of Cur	rrent Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R	egistered A	gent		
	KARD, DONALD M.			81	Name					
	South Florida ave. Eland fl 33802			62	Street Add	dress (P.Ö. Box Number is Not Accepta	able)			
				83						
				84	City		FL	85	Zip Co	- · · -
11. Pursuan office or agent. I SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob	tate of Florida. Such change uligations of, Section 607.050	was autho 05, Florida	84 ne abovirized by Statute:	City e-named copy the corpora	rporation submits this statement for the ation's board of directors. I hereby acceptions	purpose of ept the appo	chang	ino its	registered
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14. I do 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 deliver or trustee exprowered 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 print altaphysical with an addition.

4.4 CITY-ST-2IP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-SI-ZIP

STREET ADORESS

STREET ADDRESS 011Y-S1-7(P

CITY: ST-ZIP

TilleE

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

DELETE

□ DELETE

Change

Change

Addition

Addition

FILED

Apr 03 1997 8:00am

Secretary of State