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 # **358377** **(0)**

1. Corporation Name
NU-CAPE CONSTRUCTION INC

Principal Place of Business
1417 SE 47TH STREET
CAPE CORAL FL 33904

Mailing Address
1417 SE 47TH STREET
CAPE CORAL FL 33904

3. Date Incorporated or Qualified: **01/20/1970**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip
29
Country
30

4. FEI Number: **59-1312875** ☐ 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

9. Name and Address of Current Registered Agent

COTTRELL, JAMES L.
1633 SE 47 TERRACE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: LYNN A. KIRBY
82 Street Address (P.O. Box Number is Not Acceptable): 1417 SE 47th ST
83 UNIT # 4
84 City: CAPE CORAL FL 85 Zip Code: 33904

11. Pursuant to the provisions of Sections 607.0122 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: LYNN A. KIRBY PRESIDENT 1/17/96
(Signature, Type or Print Name of Person Signing) (Capacity/Title of Person Signing) DATE

12. OFFICERS AND DIRECTORS

TITLE: PD ☐ DELETE
NAME: KIRBY, LYNN
STREET ADDRESS: 4924 EDITH ESPLANADA
CITY-ST-ZIP: CAPE CORAL, FL 00000

TITLE: VTD ☐ DELETE
NAME: KIRBY, BRIAN
STREET ADDRESS: 3923 S.E. 19TH PLACE
CITY-ST-ZIP: CAPE CORAL FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

CR2E034 (12/95)

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 added hereto with an address.

SIGNATURE: LYNN A. KIRBY 1/17/96 941-542-0073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #