FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:52

DOCUMENT # 384662 (3)

1. Corporation Name
CAPRICORN & ASSOCIATES, INC.

Principal Place of Business
1234 E LIME ST
SUITE A
LAKELAND FL 33801
US

Mailing Address
PO BOX 2413
LAKELAND FL 33806-9413
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1971
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business 21: 1407 Easton Dr.
Suite, Apt. #, etc. 22:
City & State 23: Lakeland, Flr
Zip 24: 33803 Country 25: USA

2a. Mailing Address 26: PO Box 2413
Suite, Apt. #, etc. 27: /
City & State 28: Lakeland Flr
Zip 29: 33806-2413 Country 30: USA.

4. FEI Number: 59-1349517 ☐ 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

ESPOSITO,BARNIE LEE
1407 EASTON DRIVE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 1407 Easton Drive
83: Lakeland
84 City: Lakeland FL 85 Zip Code: 33803

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ESPOSITO, BARNIE LEE	12 NAME	
STREET ADDRESS	1407 EASTON DR	13 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ESPOSITO, ALVIN J.	22 NAME	
STREET ADDRESS	1407 EASTON DR	23 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	ESPOSITO, ALVIN J.	32 NAME	
STREET ADDRESS	1407 EASTON DR	33 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 added by attachment with an "X" in Block 13.

SIGNATURE: Alvin E. Esposito V.P. 3/29/95 8136880949
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

081000 CP