

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 12:18

DOCUMENT # 424462 (0)

1. Corporation Name

CAP TEN ASSOCIATES, INC.

Principal Place of Business

**1808 CRABAPPLE DRIVE
TALLAHASSEE FL 32304**

Mailing Address

**1808 CRABAPPLE DRIVE
TALLAHASSEE FL 32304**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2390856

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**STEINMEYER, F. E. III
122 S. CALHOUN ST.
TALLAHASSEE FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WHALEY, W E**
STREET ADDRESS **RT 1 BOX 218**
CITY- ST- ZIP **CRAWFORDVILLE, FL 00000**

TITLE **D**
NAME **CRENSHAW, JOSEPH W**
STREET ADDRESS **1008 SHADOWLAWN DR**
CITY- ST- ZIP **TALLAHASSEE, FL 00000**

TITLE **STD**
NAME **WHEELER, JOHN H**
STREET ADDRESS **1810 SKYLAND DR**
CITY- ST- ZIP **TALLAHASSEE, FL 00000**

TITLE **D**
NAME **TIPTON, RAY A.**
STREET ADDRESS **10035 BUCK POINT ROAD**
CITY- ST- ZIP **TALLAHASSEE FL**

TITLE **DP**
NAME **MORSE, JUDAN D**
STREET ADDRESS **1908 CRABAPPLE DRIVE**
CITY- ST- ZIP **TALLAHASSEE, FL 00000**

TITLE **D**
NAME **STEINMEYER, F E III**
STREET ADDRESS **122 S CALHOUN ST**
CITY- ST- ZIP **TALLAHASSEE, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

John H. Wheeler **John H. Wheeler Sec/Tre 3/27/95 (904) 385-4978**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAPTEN ASSOCIATES, INC
FEI # 59-2390856
CORPORATION ANNUAL Report 1995

424462

Document # 424462

Officers and Directors
AN Addition

Block 12

D

SIMS, LEON A

923 Abigail DR.

Tallahassee, FL 32303

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandria B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 425625

(1)

1. Corporation Name

KARLINK, INC.

Principal Place of Business

3570 CONSUMER ST
5
RIVIERA BEACH FL 33404
US

Mailing Address

3570 CONSUMER ST
5
RIVIERA BEACH FL 33404
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1973

3a. Date of Last Report

03/23/1994

4. FEI Number

59-1556859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

GUTMAN, HARRY V.
3570 CONSUMER ST, SUITE 5
RIVIERA BEACH FL 33404

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 typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PTD
GUTMAN, HARRY, V.
3570 CONSUMER ST
RIVIERA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
SD
GUTMAN, LISA
6650 S.W. 54 LN.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as changed. I am attaching with an address

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/95 407-842-1568