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 # **456449** **(8)**

1. Corporation Name

CAPO, INC.

Principal Place of Business	Mailing Address
2 SUNSHINE BLVD PO BOX 775 ORMOND BEACH FL 32175-7775	2 SUNSHINE BLVD PO BOX 775 ORMOND BEACH FL 32175-7775

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified: **07/05/1974**	3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-1741005**	☐ 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

ASCIK, MARK A.
2 CROOKED BRIDGE WAY
ORMOND BEACH FL 32174

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ASCIK, MARK		1.2 NAME		
STREET ADDRESS	2 CROOKED BRIDG WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BANKER, RICHARD		2.2 NAME	Banker, Richard	
STREET ADDRESS	14 SHAWNEE TRAIL		2.3 STREET ADDRESS	107 Anchor Drive	
CITY-ST-ZIP	ORMOND BEACH, FL 00000		2.4 CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE	ST	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LANDORF, C. DUKE		3.2 NAME	Landorf, C. Duke	
STREET ADDRESS	190 DEER LAKE CIRCLE		3.3 STREET ADDRESS	23 Foxfords Chase	
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		☐ DELETE	4.1 TITLE	Vice President/Sales	☐ Change ☒ Addition
NAME			4.2 NAME	Jan D. Matter	
STREET ADDRESS			4.3 STREET ADDRESS	855 Hewitt Drive	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Port Orange, FL 32127	
TITLE		☐ DELETE	5.1 TITLE	Vice President/Operations	☐ Change ☒ Addition
NAME			5.2 NAME	Don W. Grindle	
STREET ADDRESS			5.3 STREET ADDRESS	496 Palm Avenue	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		☐ DELETE	6.1 TITLE	Vice President/Marketing	☐ Change ☒ Addition
NAME			6.2 NAME	John M. Hewitt, III	
STREET ADDRESS			6.3 STREET ADDRESS	9 Sea Drift Terrace	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Ormond Beach, FL 32176	

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 on an attachment with an address.

SIGNATURE: C. Duke Landorf 4/19/96 (904)673-4966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C. Duke Landorf, CPA

CR2E034 (12/95)