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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

2 SUNSHINE BLVD
PO BOX 775
ORMOND BEACH FL 32175-7775

Mailing Address

2 SUNSHINE BLVD
PO BOX 775
ORMOND BEACH FL 32175-0775

3. Date Incorporated or Qualified 07/05/1974
3a. Date of Last Report 04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. Drawer 730429

27 Suite, Apt. #, etc.

28 Ormond Beach FL

29 Zip

30 Country

USA

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ASCIK, MARK	
STREET ADDRESS	2 CROOKED BRIDGE WAY	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BANKER, RICHARD	
STREET ADDRESS	107 ANCHOR DRIVE	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LANDORF, C. DUKE	
STREET ADDRESS	23 FOXFORDS CHASE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATTER, JAN D.	
STREET ADDRESS	855 HEWITT DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRINDLE, DON W.	
STREET ADDRESS	496 PALM AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEWITT, JOHN M. III	
STREET ADDRESS	9 SEA DRIFT TERRACE	
CITY-ST-ZIP	ORMOND BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	9 Carmel Terrace
5.4 CITY-ST-ZIP	Ormond Beach FL 32174
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 C. DUKE LANDORF SEC/TREAS 2/24/97 904-673-4966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03

Daytime Phone #

CR2E034 (9/96)