

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 # 642398

(2)

1. Corporation Name  
CAPE BUSINESSES, INC.



Principal Place of Business  
13110 METRO PARKWAY  
FT. MYERS FL 33912

Mailing Address  
13110 METRO PARKWAY  
FT. MYERS FL 33912

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 P.O. Box 60194

27 Suite, Apt. #, etc.

28 FT. MYERS, FL

29 Zip 30 Country

3. Date Incorporated or Qualified  
10/15/1979

3a. Date of Last Report  
02/09/1995

4. FEI Number  
59-1948083

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

RITCHIE, RON  
5811 PELICAN BAY BLVD  
STE 612  
NAPLES FL 33963

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 signatory and date of signature

Signature, typed or printed name of signatory and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOLTON, MICHAEL E  
STREET ADDRESS 6095 WATERWAY BAY DRIVE  
CITY-STATE-ZIP FT MYERS FL ☐ DELETE

TITLE S  
NAME SEIDENSTRICKER, RICHARD A  
STREET ADDRESS 2135 CRYSTAL DR, UNIT 49  
CITY-STATE-ZIP FT MYERS FL ☒ DELETE

TITLE T  
NAME BLOSS, MICHAEL  
STREET ADDRESS 1832 SW 38TH LANE  
CITY-STATE-ZIP CAPE CORAL FL ☒ DELETE

TITLE VP  
NAME HAWK, ROBERT E.  
STREET ADDRESS 3404 CHARTER CLUB CIR, 4806  
CITY-STATE-ZIP FT. MYERS FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE S ☐ Change ☒ Addition  
2.2 NAME AMBROUS, JAMES A  
2.3 STREET ADDRESS 4115 SE THIRD AVE  
2.4 CITY-STATE-ZIP CAPE CORAL, FL. 33904

3.1 TITLE T ☐ Change ☒ Addition  
3.2 NAME LAWRENCE, RICHARD W.  
3.3 STREET ADDRESS 3941 LEONARD PASS, CT #204  
3.4 CITY-STATE-ZIP BONITA SPRGS. FL. 33923

4.1 TITLE VP ☐ Change ☒ Addition  
4.2 NAME JACKSON, JAMES, R.  
4.3 STREET ADDRESS 5135 SW 2ND PLACE  
4.4 CITY-STATE-ZIP CAPE CORAL, FL. 33914

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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, on an attachment with a signature.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 941-768-1047  
Date Daytime Phone

CR2E034 (12/95)