FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 674712

(5)

CAPE CEMENT & SUPPLY, INC.

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 IDBARU DANI UUDII DIDII UUDII IDDAN IIDAN DIDII DIDII BIDII BIDII DIDII DIBII TABI
,						
1023 SE 12TH AVENUE CAPE CORAL FL 33990		1023 SE 12TH AVENUE CAPE CORAL FL 33990				
US		US			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
						07/01/1980
<u> </u>		 	2a. Mailing Address			4. FEI Number Applied For
21		26]				59-2008425 Not Applicable
Suite, Apt. #, etc.		⊢	Suite, Apt. #, etc.			5. Certificate of Status Desired Serviced Fee Regulred
22		City & State				
City & State		├ '	 			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	28	Country		,	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Janu		Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curre		[30]	Т		10. Name and Address of New Registered Agent
				81	Name	
KNIGHT, RICHARD K.						
1023 SE 12TH AVE				82	Street .	Address (P.O. Box Number is Not Acceptable)
CAPE CORAL FL 33990				83		
				L	<u> </u>	
				84	City	FL 85 Zip Code
44 Purcuant	to the provisions of Sections 607.04	-02 and 607 1508 Florida	Statutes the	ahov	e-named	
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.						
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 / applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12. OFFICERS AND DIRECTORS			13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELE	TE 1.1	TITLE		Change Addition
NAME	KNIGHT, RICHARD K.		1.2	NAME		
STREET ADDRESS	- I		1.3	1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4	1.4 CITY-ST-ZIP		
TITLE	DST DELETE			21 TITLE		Change Addition
NAME	KNIGHT, ANITA K		22	NAME		
STREET ADDRESS	1023 SE 12TH AVE		2.3	STREET	ADORESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000			2.4 CITY-ST-ZIP		
TITLE	DV DELETE			3.1 TITLE		Change Addition
NAME	KNIGHT, R. KENT		3.2	NAME		
STREET ADDRESS	2312 SW 54TH ST		3.3	STREET	ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL			CITY-		
TITLE		☐ DELE		TITLE		Change Addition
NAME			4.3	2 NAME		
STREET ADDRESS			4.3	STREET	ADDRESS	1
CITY-ST-ZIP			4.4	CITY-S	ST-ZIP	
TITLE		☐ DELE	TE 5.1	TITLE	-:	Change Addition
NAME			. 5.2	NAME		
STREET ADDRESS			5.3	STREET	ADDRESS	
CITY-ST-ZIP			5.4	CITY - S	ST-ZIP	
TITLE		☐ DELE		TITLE	•	Change Addition
NAME			6.2	NAME		
STREET ADDRESS			6.3	STREET	ADDRESS	
CITY-ST-ZIP				CITY-S		
44 15		with this filling dans not as	a life of a set of a			and in Specian 110.07/29/1). Elevide Statutes I further contifu that the information

I 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 informatio indicated on this 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 composition 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.