

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90328 007 ****61.25

DOCUMENT # 720451

1. Entity Name

Z A P T INC.



Principal Place of Business

927 S CENTRAL AVE
APOPKA FL 32703

Mailing Address

927 S CENTRAL AVE
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYKIN, BARBARA A
405 SHELBY COURT
APOPKA FL 32712

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE NAME ☐ Delete
MARTIN, JAQUELYN
STREET ADDRESS 17 EAST 15TH STREET
CITY-ST-ZIP APOKA FL 32703

TITILE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
WILLIS, DAISY
STREET ADDRESS 223 W. 10TH STREET
CITY-ST-ZIP APOPKA FL 32703

☐ Change ☐ Addition
TITILE NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
MORRIS, ROSE
STREET ADDRESS 1368 CENTRAL AVE.
CITY-ST-ZIP APOPKA FL 32703

☐ Change ☐ Addition
TITILE NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
WYNN, BERNICE
STREET ADDRESS 110 EAST 15TH ST.
CITY-ST-ZIP APOPKA FL 32703

☐ Change ☐ Addition
TITILE NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
BRIDGES, MARY
STREET ADDRESS 164 M.A. BOARD STREET
CITY-ST-ZIP APOPKA FL 32703

☐ Change ☐ Addition
TITILE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITILE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITILE NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Bridges - Mary Bridges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-889-8308