

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F92499

(5)

1. Corporation Name

CAPITOL SERVICES, INC.

Principal Place of Business

Mailing Address

1406 HAYS ST  
SUITE 2  
TALLAHASSEE FL 32301

1406 HAYS ST  
SUITE 2  
TALLAHASSEE FL 32301

FILED

96 JUL 22 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

9. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU INC  
1406 HAYS ST  
SUITE 2  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

07/29/1982

3a. Date of Last Report

09/01/1995

4. FEI Number

59-2247302

Applied For

Not Applicable

5. Certificate of Status Des red

\$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

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

*Kathleen J. Hill, Pres*

*Kathleen J. Hill, Pres*

7/22/96

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE POS  
NAME HILL, KATHLEEN J.  
STREET ADDRESS 1406 HAYS ST STE 2  
CITY-ST-ZIP TALLAHASSEE FL 32301

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
800001900248  
-07/22/96--01029-018  
\*\*\*\*225.00 \*\*\*\*225.00

TITLE V  
NAME HILL, FRANK D.  
STREET ADDRESS 1406 HAYS ST SUITE 2  
CITY-ST-ZIP TALLAHASSEE FL 32301

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME HILL, MARTHA E.  
STREET ADDRESS 1406 HAYS ST STE 2  
CITY-ST-ZIP TALLAHASSEE FL 32301

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Kathleen J. Hill, Pres*

7/22/96

904-896-3992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)