

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

**FILED**

**Jan 28 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 # F96000005126 (5)**

1. Corporation Name  
**CAPSCO INDUSTRIES, INC.**



Principal Place of Business: **155 MAIN ST SUMITON AL 35148**  
Mailing Address: **PO BOX 640 SUMITON AL 35148-0640**

3. Date Incorporated or Qualified: **10/04/1996**  
3a. Date of Last Report  
4. FEI Number: **63-1113319**  
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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**SAUCER, RICHARD  
1005 PORTER ST  
ST GEORGE ISLAND FL 32328**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>KILLIAN, CHRIS</b>	
STREET ADDRESS	<b>1200 CORPORATE DR, SUITE 325</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL 35242</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>STRICKLAND, ROBERT E</b>	
STREET ADDRESS	<b>1200 CORPORATE DR, SUITE 325</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL 35242</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>AYCOCK, JEFF</b>	
STREET ADDRESS	<b>1200 CORPORATE DR, SUITE 325</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL 35242</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HAGOOD, STAN</b>	
STREET ADDRESS	<b>OLD HWY 78 W.</b>	
CITY - ST - ZIP	<b>SUMITON AL 35148</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 a 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 applicable on an attachment with an address.

SIGNATURE: *Jeff Aycock* **Jeff Aycock - Sec** 1/17/97 (205) 991-6509  
SIGNATURE AND TITLE OR PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)