## 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 #** 

C. A. P. INVESTMENTS, INC.

(2)

## **FILED** Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address % CANDI PACKETT % CANDI PACKETT 510 LONE PALM DRIVE 510 LONE PALM DRIVE DO NOT WRITE IN THIS SPACE LAKELAND FL 38801 LAKELAND FL 33801 3. Date Incorporated or Qualified 05/13/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2343642 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 338*15* Personal Property Tax due June 30. 338/5 ☐ Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PACKETT, CANDI 510 LONE PALM DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 3380† 338/5 83 Zip Code 85 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 registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition T17) E 1.1 TITLE NAME PACKETT, CANDI 12 NAME CR2E034 510 LONE PALM DR. 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 2.1 TITLE ☐ Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET AODRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, or on an attachment with an address.

SIGNATURE:

-23-98