FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G73023** **(5)**

1. Corporation Name
CAPABILITY, INC.

Principal Place of Business	Mailing Address
3500 VALLEY CREEK DRIVE TALLAHASSEE FL 32312	3500 VALLEY CREEK DRIVE TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1983	3a. Date of Last Report: 05/02/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)
4. FEI Number: 59-2393046	☐ 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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOWNEY, LINDA B. 3500 VALLEY CREEK DRIVE TALLAHASSEE FL 32312	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	BAILEY, JULIA Z.	12 NAME	remove typo after Z.
STREET ADDRESS	255 HICKORY FLAT RD	13 STREET ADDRESS	
CITY ST ZIP	ALPHARETTA GA	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	BAILEY, WILLIAM	22 NAME	
STREET ADDRESS	255 HICKORY FLAT RD	23 STREET ADDRESS	
CITY ST ZIP	ALPHARETTA GA	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LETCHWORTH, MONICA	32 NAME	300001474459 -05/03/95--01176--013
STREET ADDRESS	204 MILFORD HAVEN COVE	33 STREET ADDRESS	****200.00 ****200.00
CITY ST ZIP	LONGWOOD FL	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	LETCHWORTH, CHARLES	42 NAME	
STREET ADDRESS	204 MILFORD HAVEN COVE	43 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	BAILEY, PATRICIA	52 NAME	
STREET ADDRESS	2580 KING MILL PIKE	53 STREET ADDRESS	
CITY ST ZIP	BRISTOL VA	54 CITY ST ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	DOWNEY, LINDA	62 NAME	
STREET ADDRESS	3500 VALLEY CREEK DRIVE	63 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	64 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)(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 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: Linda B. Downey 5/1/95 487-2980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LINDA B. DOWNEY

0000100 CP