

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 # **G73023 (5)**
 1. Corporation Name
CAPABILITY, INC.



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

3. Date Incorporated or Qualified **12/05/1983** 3a. Date of Last Report **05/01/1995**
 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

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
DOWNEY, LINDA B.
3500 VALLEY CREEK DRIVE
TALLAHASSEE FL 32312

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

TITLE	D
NAME	BAILEY, JULIA Z.
STREET ADDRESS	255 HICKORY FLAT RD
CITY-ST-ZIP	ALPHARETTA GA
TITLE	TD
NAME	BAILEY, WILLIAM
STREET ADDRESS	255 HICKORY FLAT RD
CITY-ST-ZIP	ALPHARETTA GA
TITLE	D
NAME	LETCHWORTH, MONICA
STREET ADDRESS	204 MILFORD HAVEN COVE
CITY-ST-ZIP	LONGWOOD FL
TITLE	PD
NAME	LETCHWORTH, CHARLES
STREET ADDRESS	204 MILFORD HAVEN COVE
CITY-ST-ZIP	LONGWOOD FL
TITLE	VD
NAME	BAILEY, PATRICIA
STREET ADDRESS	2580 KING MILL PIKE
CITY-ST-ZIP	BRISTOL VA
TITLE	SD
NAME	DOWNEY, LINDA
STREET ADDRESS	3500 VALLEY CREEK DRIVE
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
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)(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: *Linda B. Downey* LINDA B. DOWNEY 8/3/96 487-2980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)