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CORPORATION ANNUAL REPORT
1995

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

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DIVISION OF CORPORATIONS
95 MAR 10 AM 9:17

DOCUMENT # **H65842** **(7)**

1. Corporation Name
C.V. CAPP & SON, INC.

Principal Place of Business	Mailing Address
2437 24TH LANE PALM BEACH GARDENS FL 33418 US	2437 24TH LANE PALM BEACH GARDENS FL 33418 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/10/1985	3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2636488	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPP, DENNIS V. 2437 24TH LANE PALM BEACH GARDENS FL 33418	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 date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	CAPP, CARLOS V.	1.2 NAME	CAPP, Carlos V.
STREET ADDRESS	1131 RAINWOOD CIRCLE	1.3 STREET ADDRESS	11811 Ave. of PGA 2F-6
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	PBG FL 33418
TITLE	VD	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	CAPP, DENNIS V.	2.2 NAME	CAPP, DENNIS V.
STREET ADDRESS	10193 N. MILITARY TRAIL	2.3 STREET ADDRESS	2437 24th Ln.
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	ST	3.1 TITLE	ST ☑ Change ☐ Addition
NAME	CAPP, GENEVIEVE J.	3.2 NAME	CAPP, Genevieve J.
STREET ADDRESS	1131 RAINWOOD CIRCLE	3.3 STREET ADDRESS	11811 Ave. of PGA 2F-6
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	PBG FL 33418
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Dennis V. Capp V.P. 3/5/95 407 624-6478
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0283040 CP