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

**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J30084

**TAMPA FL 33629** 

TAMPA FL 33629

CAPITANO, TERRY L

3435 S WESTSHORE BLVD

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

(4)

CAPPY'S MEAT MARKET, INC.

FILED
Apr 30 1997 8:00am
Secretary of State

Change

Change

Change

Addition

Addition

Addition

Principal Place of Business Mailing Address  ** ALAN WAGNER ** \$435 S. WESTSHORE BLVD.  TAMPA FL 33629  TAMPA FL 33629  TAMPA FL 33629  TAMPA FL 33629					-{	
			STSHORE BLVD.			
					3. Date Incorporated or Qualified 08/22/1986	3a. Date of Last Report 04/12/1996
2. Principal Place of Business 2a. Mailing Addr					4. FEI Number	Applied For
21		26			59-2719307	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required	
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28			Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	[29]	30			XYes □ No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Re	gistered Agent
	GNER, ALAN			81 Name		
215 SOUTH MONROE, STE 412				82 Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301						
				63		
				84 City	· · ·	FL 85 Zip Code
11. Pursuant office or agent. I s	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obt	0502 and 607.1508, Florida Statuale of Florida Statuale of Florida. Such change was digetions of, Section 607.0505, F	ites, the al authorize lorida Stat	bove-named corpora d by the corpora ules.	poration submits this statement for the partion's board of directors. I hereby acception's	surpose of changing its registered of the appointment as registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·				
				d Agent signature requ		DATE.
12. TITLE	PD OFFICERS A	AND DIRECTORS  DELETE	13.	<u></u>	ADDITIONS/CHANGES TO OFFIC	Change Addition
	CAPITANO, BARBARA	בין טנננונ				Change Addition
NAME	3435 S. WESTSHORE BLVD.		12 N/			
STREET ADDRESS		•		REET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629	DELETE		IY-SI-ZIP		0
TITLE	, ···		211	•		Change Addition
NAME	CAPITANO, TAMMY LORI		22 N/			
STREET ADDRESS	3435 WESTSHORE BLVD.			REET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629			tty-st-zip		
TITLE	8	☐ DELETE	3 1 TF	זור		Change Addition
NAME	CAPITANO, TINA LYNN		3 2 N/	AME		
STREET ADDRESS	3435 S.WESTSHORE BLVD.		3 3 S1	BEET ADDRESS		

64 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 eath; 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. (SEC.)

34. CITY-S1-ZIP

4.3 STREET ADDRESS

53 STREET ADDRESS

63 STHEET ADDRESS

54 CITY-ST-ZIP

44 CHY-ST-ZIP

4.1 TITLE

4 2 NAME

51 TITLE

5.2 NAME

61101E

62 NAME

DELETE

DELETE

DETETE