

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 # J74966 (9)

1. Corporation Name

AMERICAP CORPORATION



Principal Place of Business

Mailing Address

2500 TAMiami TRAIL N.
SUITE 112
NAPLES FL 33940
US

2500 TAMiami TRAIN N.
SUITE 112
NAPLES FL 33940
US

3. Date Incorporated or Qualified
05/28/1987

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 5121 CASTELLO DRIVE

26 Suite, Apt #, etc

22 Suite, Apt #, etc

27 Suite, Apt #, etc

23 City & State

28 City & State

23 NAPLES FLORIDA

28 NAPLES FLORIDA

24 Zip 34103

25 Country USA

29 Zip

30 Country

4. FEI Number
59-2811494

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

WHITE, JOHN P
346 PIRATES BIGHT
NAPLES FL 33940

81 Name JOHN P. WHITE
82 Street Address (P.O. Box Number is Not Acceptable)
5121 CASTELLO DRIVE
83 SUITE 2
84 City NAPLES FLORIDA FL 85 Zip Code 34103

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 of applicable

(NOTE: Registered Agent signature required when reinstating)

Date

7-10-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME WHITE, JOHN P.
STREET ADDRESS 346 PIRATES BIGHT
CITY-ST-ZIP NAPLES FL

TITLE ~~JOHN P. WHITE~~
NAME ~~JOHN P. WHITE~~
STREET ADDRESS ~~346 PIRATES BIGHT~~
CITY-ST-ZIP ~~NAPLES FL~~

TITLE ~~SARA BETH WHITE~~
NAME ~~SARA BETH WHITE~~
STREET ADDRESS ~~346 PIRATES BIGHT~~
CITY-ST-ZIP ~~NAPLES FL~~

TITLE SARA BETH WHITE
NAME SARA BETH WHITE
STREET ADDRESS 346 PIRATES BIGHT
CITY-ST-ZIP NAPLES FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
5121 CASTELLO DRIVE SUITE 2
NAPLES, FL 34103

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
TRCA
SARA BETH WHITE
346 PIRATES BIGHT
NAPLES FL 34103

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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:

JOHN P. WHITE PRES

7-11-96

941-649-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)