**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L19133 1. Corporation Name

CAPRISTO CONSTRUCTION, INC.

Principal Place of Business
% KATHY A. GAGNE
2214 SW 51 ST
CAPE CORAL FL 33914

## FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90042 048 \*\*\*158.75



Principal Place of Business	1	Mailing Address						
% KATHY A. GAGNE 2214 SW 51 ST CAPE CORAL FL 33914		% KATHY A. GAGNE 2214 SW 51 ST CAPE CORAL FL 33914			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/26/1989			
2. Principal Place of Busin	ess	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0149733		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip Cc	untry		This corporation owes the current year In Personal Property Tax.	ntangible Yes		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
GAGNE; KATHY A.			81					
2214 SW 51 ST			82	Street Address (P.O. Box Number is Not Acceptable)				
CAPE CORAL F	L 33914		83					
			84	City	Fi	85	Zip Code	
office or registered age	ent, or both, in the State of	nd 607.1508, Florida Statutes, the Florida. Such change was authorize as of Section 607.0505, Florida Sta	d by	the corporation	ration submits this statement for the purpose o i's board of directors. I hereby accept the appo	f changir ointment	ng its registered as registered	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition □ DFLETE 11 TITLE ™£ GAGNE, KATHY A. 1.2 NAME NAME 2214 SW 51 ST 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition □ DELETE Change 2.1 TITLE TITLE CAPRISTO, GARY J 22 NAME NAME 2214 SW 51ST ST 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 2. 4 CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE CAPRISTO, GARY J. JR NAME 505 SE 5+~ Place 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 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 with all other like empowered.

64 CITY-ST-ZIE

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)