

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M84358** (4)

1. Corporation Name  
**CAPAPIE'S, INC.**

Principal Place of Business Mailing Address  
**% GAYLE M. WARRICK**  
**5552 HWY 90 EAST**  
**DESTIN FL 32541**  
**5552 HWY 90 E**  
**5552 HWY 00 EAST**  
**DESTIN FL 32541**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/08/1988** 3a. Date of Last Report **04/27/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **1330 Emerald Coast Pkwy** 26 **1330 Emerald Coast Pkwy**

4. FEI Number **59-2892116** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
23 **Destin, FL** 28 **Destin, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

County County  
24 **32541** 25 **US** 29 **32541** 30 **US**

6. This corporation has liability for intangible tax under  199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WARRICK, GAYLE M.**  
**ROUTE 2, BOX 7570**  
**SANTA ROSA BEACH FL 32459**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**785 BLUE MTN BCH. DR.**  
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

Signature of person named as registered agent under 199.032

Signature of person named as registered agent under 199.032

(41)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>WARRICK, GAYLE M.</b>
STREET ADDRESS	<b>RT. 2 BOX 7570 N/A</b>
CITY ST ZIP	<b>SANTA ROSA BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>SUMRALL, KELLEY P</b>
STREET ADDRESS	<b>12235 OSPREY</b>
CITY ST ZIP	<b>ALPHARETTA GA</b>
TITLE	<b>D</b>
NAME	<b>COOK, LYNN P</b>
STREET ADDRESS	<b>3113 COBBLESTONE DR</b>
CITY ST ZIP	<b>PACE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>785 BLUE MTN. BCH. DR.</b>
14 CITY ST ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>341 Skyler Run</b>
24 CITY ST ZIP	<b>Destin, FL 32541</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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, the receiver, trustee, or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or an appointment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

*Gayle M. Warrick*

Title

Registered Office #