FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:33

DOCUMENT # **N46998** **(3)**

1. Corporation Name
PRO CAPE, INC.

Principal Place of Business	Mailing Address
PO BOX 1253 CAPE CORAL FL 33910 US	PO BOX 1253 CAPE CORAL FL 33910 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/21/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
ROOSA, RICHARD V.S. 1714 CAPE CORAL PARKWAY CAPE CORAL FL 33904	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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HELTON, CAROL	1.2 NAME	Jenkins, Michael H.	
STREET ADDRESS	1224 SE 16TH TERR	1.3 STREET ADDRESS	1407 S.E. 22nd Street	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	JENKINS, MICHAEL H	2.2 NAME	Hanford, Hilary Jo	
STREET ADDRESS	1407 SE 22ND ST	2.3 STREET ADDRESS	137 S.E. 45th Street	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, ANNETTE	3.2 NAME		
STREET ADDRESS	1312 SE 17TH TERR	3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	T	☒ Change ☐ Addition
NAME	MURPHY, BILL	4.2 NAME	Murphy, Bill	
STREET ADDRESS	3807 SE 11TH PL	4.3 STREET ADDRESS	3807 S.E. 11th Place	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	Cape Coral, FL	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	JENKINS, JUDUTH	5.2 NAME	Sethman, Sr., Robert F.	
STREET ADDRESS	1407 SE 22ND ST	5.3 STREET ADDRESS	1511 S.E. 17th Street	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HEADD, DAVID	6.2 NAME		
STREET ADDRESS	5050 SAXONY CRT	6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bill Murphy 4/11/95 (813) 549-7532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bill Murphy, Treasurer