

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **N46998** (3)
1. Corporation Name
PRO CAPE, INC.

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

Mailing Address
**PO BOX 1253
CAPE CORAL FL 33910
US**

3. Date Incorporated or Qualified **01/21/1992** 3a. Date of Last Report **04/14/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **NOT APPLICABLE** 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

**ROOSA, RICHARD V.S.
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
800001828768
83 **-05/20/96--01034--021**
84 City *****61.25** FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **JENKINS, MICHAEL H**
STREET ADDRESS **1407 S.E. 22ND STREET**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **V** ☒ DELETE
NAME **HANFORD, HILARY J**
STREET ADDRESS **137 S.E. 45TH STREET**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **S** ☒ DELETE
NAME **DAVIS, ANNETTE**
STREET ADDRESS **1312 SE 17TH TERR**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **T** ☒ DELETE
NAME **MURPHY, BILL**
STREET ADDRESS **3807 SE 11TH PL**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☒ DELETE
NAME **SETHMAN, SR. R F**
STREET ADDRESS **1511 S.E. 17TH STREET**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☐ DELETE
NAME **HEADD, DAVID**
STREET ADDRESS **5050 SAXONY CRT**
CITY-ST-ZIP **CAPE CORAL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **Judith A. Jenkins**
2.3 STREET ADDRESS **1407 SE 22nd St.**
2.4 CITY-ST-ZIP **Cape Coral FL 33990**

3.1 TITLE **Vice Pres.** ☐ Change ☒ Addition
3.2 NAME **Kevin Davis**
3.3 STREET ADDRESS **2108 NE 4th St.**
3.4 CITY-ST-ZIP **Cape Coral FL 33909**

4.1 TITLE **Secretary** ☐ Change ☒ Addition
4.2 NAME **Helen STALLKAMP**
4.3 STREET ADDRESS **1133 Lincoln Ct**
4.4 CITY-ST-ZIP **Cape Coral FL 33904**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
5.2 NAME **Marilyn Stout**
5.3 STREET ADDRESS **4925 SW 10th Ave.**
5.4 CITY-ST-ZIP **Cape Coral FL 33914**

6.1 TITLE **TREASURER** ☒ Change ☐ Addition
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:

Judith A. Jenkins Judith A. Jenkins Pres 4/30/96 1-800-654-2053
DATE DAYTIME PHONE #

CR2E037 (12/95)