

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 8/14/96

B-78210

DOCUMENT # N94000003001 (4)

1. Corporation Name

CAPES SERVICES, INC.



Principal Place of Business

Mailing Address

6527 RENALDO WAY, S
ST. PETERSBURG FL 33707

6527 RENALDO WAY, S
ST. PETERSBURG FL 33707

3. Date Incorporated or Qualified

06/17/1994

3a. Date of Last Report

08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 441 Cart Court

26 441 Cart Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Kissimmee, FL

28 Kissimmee, FL

Zip

Country

Zip

Country

24 32758

25 USA

29 32758

30 USA

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

SHEETZ, PHYLLIS A.
6527 RENALDO WAY S.
ST. PETERSBURG FL 33707

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SHEETZ, EDGAR
STREET ADDRESS 6527 RENALDO WAY, S
CITY - ST - ZIP ST. PETERSBURG FL 33707 ☒ DELETE

1.1 TITLE P/D
1.2 NAME Cynthia Chase
1.3 STREET ADDRESS 441 Cart Court
1.4 CITY - ST - ZIP Kissimmee, FL 32758 ☐ Change ☒ Addition

TITLE V
NAME SHEETZ, PHYLLIS
STREET ADDRESS 6527 RENALDO WAY, S
CITY - ST - ZIP ST. PETERSBURG FL 33707 ☒ DELETE

2.1 TITLE V/D
2.2 NAME Brenda Adams
2.3 STREET ADDRESS 12 Pringle Tree Road
2.4 CITY - ST - ZIP Buckhannon, WV 26201 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

3.1 TITLE D
3.2 NAME Virgie Sisk
3.3 STREET ADDRESS 1520 Walnut Drive
3.4 CITY - ST - ZIP Chester, Va. 23831 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

Cynthia Chase

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96

941-427-0057

Date

Daytime Phone #

CR2E037 (3/96)