

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:44

DOCUMENT # P37230 (0)

1. Corporation Name
CAPRI TAMPA, INC.

| | |
|---|---|
| Principal Place of Business P.O. BOX 1700 HELENA MT 59624 | Mailing Address P.O. BOX 1700 HELENA MT 59624 |
|---|---|

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/24/1992 | 3a. Date of Last Report 04/21/1994 |
|--|--|

| | | | |
|--------------------------------------|---------------------------|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 74-2619460 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 |

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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--------------------------|
| TITLE PCO | O'CONNELL, JAMES |
| NAME | 516 FULLER AVENUE |
| STREET ADDRESS | HELENA MT |
| CITY, ST, ZIP | |
| TITLE VD | CAMPBELL, DON O. |
| NAME | 516 FULLER AVENUE |
| STREET ADDRESS | HELENA MT |
| CITY, ST, ZIP | |
| TITLE STD | HEIDLE, LINDA R. |
| NAME | 516 FULLER AVENUE |
| STREET ADDRESS | HELENA MT |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

| | |
|---|--|
| 11 TITLE CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | |
| 21 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME JIM O'CONNELL | |
| 23 STREET ADDRESS 516 FULLER | |
| 24 CITY, ST, ZIP HELENA, MT 59601 | |
| 31 TITLE VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME DAN GRUBER | |
| 33 STREET ADDRESS 516 FULLER | |
| 34 CITY, ST, ZIP HELENA, MT 59601 | |
| 41 TITLE ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME KIMMY DAVIS | |
| 43 STREET ADDRESS 516 FULLER | |
| 44 CITY, ST, ZIP HELENA, MT 59601 | |
| 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 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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM O'CONNELL, PRES. 4/3/95 406-442-3632

Title

(Optional Phone #)