

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P93000004154 (9)

1. Corporation Name

CONCAP CORP.

95 MAY -1 AM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

550 BCH. RD.
320 JOHNS ISLAND
VERO BEACH FL 32963
US

550 BEACH RD.
320 JOHNS ISLAND
VERO BEACH FL 32963
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1993

3a. Date of Last Report

08/02/1994

4. FEI Number

65-0385858

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 § 190 (1992
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALDWELL, WILLIAM W
756 BEACHLAND BLVD
VERO BEACH FL 32963

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CARUSONE, REGINA
STREET ADDRESS	92 OLD WASHINGTON
CITY - ST - ZIP	RIDGEFIELD CT 06877
TITLE	D
NAME	CONROY, WILLIAM J
STREET ADDRESS	55 HIGHLAND RD
CITY - ST - ZIP	SOUTH KENT CT
TITLE	D
NAME	CONROY, JOHN L
STREET ADDRESS	30 ROGUES RIDGE
CITY - ST - ZIP	WESTON CT 06883
TITLE	D
NAME	CONROY, KEVIN P.
STREET ADDRESS	8 MCKINLEY
CITY - ST - ZIP	ROWAYTON CT 06853
TITLE	D
NAME	CONROY, CHRISTOPHER
STREET ADDRESS	3 FOSTER LN
CITY - ST - ZIP	ROWAYTON CT 06853
TITLE	D
NAME	CONROY, BRIAN I
STREET ADDRESS	550 BEACH RD #320
CITY - ST - ZIP	VERO BEACH FL 32963

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	06875
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	Kevin P Conroy
4.3 STREET ADDRESS	45 South Beach Drive
4.4 CITY - ST - ZIP	ROWAYTON CT 06853
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	86 Bluff Ave
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ 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 110.07(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 067, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

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