

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033183 (3)

1. Corporation Name

STEWART B. CAPPS, P.A.

Principal Place of Business

Mailing Address

777 N. HWY  
SUITE 202  
INDIALANTIC FL 32903

777 N. HWY  
SUITE 202  
INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/06/1993

05/01/1994

4. FEI Number

Applied For

59-3185232

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

7. This corporation has liability for intangible tax under S. 190.012,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 777 N. HWY A-1-A

26 777 N. HWY A-1-A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 204

27 204

City & State

City & State

23 INDIALANTIC, FLA

28 INDIALANTIC, FLA

Zip

Country

Zip

Country

24 32903

25 U.S.

29 32903

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPPS, STEWART B  
777 N. HWY A1A  
SUITE 202  
INDIALANTIC FL 32903

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

SUITE 204

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 the corporation)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                      |
|----------------|----------------------|
| TITLE          | D                    |
| NAME           | CAPPS, STEWART B     |
| STREET ADDRESS | 777 N. HWY A1A, #202 |
| CITY ST ZIP    | INDIALANTIC FL 32903 |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY ST ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
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| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY ST ZIP    |                      |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  | 777 N HWY A-1-A # 204                                             |
| 4. CITY ST ZIP     |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY ST ZIP     |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY ST ZIP    |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY ST ZIP    |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY ST ZIP    |                                                                   |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |                                                                   |
| 23. STREET ADDRESS |                                                                   |
| 24. 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. I am an officer or director of the corporation or the registered agent. I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

Stewart B. Capps, Pres

4/30/95

Date

407-727-3200

Telephone Number