

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000063033 (3)**

1. Corporation Name

REALCAP CORPORATION



Principal Place of Business

Mailing Address

**3697 LAKE EMMA ROAD
LAKE MARY FL 32746**

**3697 LAKE EMMA ROAD
LAKE MARY FL 32746**

2. Principal Place of Business

2a. Mailing Address

21 585 Technology Park Drive

26 585 Technology Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 105

27 Suite 105

City & State

City & State

23 Lake Mary, FL

28 Lake Mary, FL

Zip

Country

Zip

Country

24 32746

25 USA

29 32746

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/09/1993

3a. Date of Last Report

04/07/1995

4. FEI Number

59-3232829

Applied For

Not Applicable

APPLIED FOR

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

**SNIVELY, STEPHEN W
200 S ORANGE AVE
ORLANDO FL 32801**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, if not applicable,

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPT
HARDY, TOBY R**
STREET ADDRESS **3697 LAKE EMMA RD**
CITY-ST-ZIP **LAKE MARY FL**

TITLE ☐ DELETE

NAME **DVPS
CALLAWAY, PATRICK T**
STREET ADDRESS **3697 LAKE EMMA RD**
CITY-ST-ZIP **LAKE MARY FL**

TITLE ☐ DELETE

NAME **OV
HARDY, SUSAN T**
STREET ADDRESS **3697 LAKE EMMA ROAD**
CITY-ST-ZIP **LAKE MARY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS **585 Technology Park Drive, Suite 105**

14 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

22 NAME **D/V**
23 STREET ADDRESS **585 Technology Park Drive, Suite 105**

24 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

32 NAME **D/V/S**
33 STREET ADDRESS **585 Technology Park Drive, Suite 105**

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***208.75**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan T. Hardy

Susan T. Hardy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

407-333-2700

Date: *04/18/96* Digital Filing #

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