

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY 15 PM 1:59

DOCUMENT # P93000070255 (3)

1. Corporation Name
SEM-CAP CORP.



Principal Place of Business
333 E. LANDSTREET ROAD
ORLANDO FL 32824

Mailing Address
333 E. LANDSTREET ROAD
ORLANDO FL 32824-7826

2. Principal Place of Business		26. Mailing Address		3. Date Incorporated or Dissolved 10/01/1993		3e. Date of Last Report 05/01/1996	
21. State Apt. #, etc.		26. State Apt. #, etc.		4. FEI Number 59-3207769		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. County		29. County		7. This corporation has liability for intangible tax under s. 199.02, Florida Statutes ☒ Yes ☐ No			
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

FOX, ROBERT L II
333 E. LANDSTREET ROAD
ORLANDO FL 32824

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

11. Pursuant to the provisions of Sections 607.010 through 607.050, 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: Robert L. Fox II, Vice President 2/03/97
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	POT	1. TITLE	
2. NAME	JOHNSON, ROY	2. NAME	
3. STREET ADDRESS	333 E LANDSTREET RD	3. STREET ADDRESS	
4. CITY & STATE	ORLANDO FL	4. CITY & STATE	
5. ZIP	VS	5. ZIP	
6. NAME	FOX II, ROBERT L	6. NAME	
7. STREET ADDRESS	3135 HEATHGATE CT	7. STREET ADDRESS	
8. CITY & STATE	ORLANDO FL	8. CITY & STATE	
9. ZIP		9. ZIP	
10. TITLE		10. TITLE	
11. NAME		11. NAME	
12. STREET ADDRESS		12. STREET ADDRESS	
13. CITY & STATE		13. CITY & STATE	
14. ZIP		14. ZIP	
15. TITLE		15. TITLE	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY & STATE		18. CITY & STATE	
19. ZIP		19. ZIP	
20. TITLE		20. TITLE	
21. NAME		21. NAME	
22. STREET ADDRESS		22. STREET ADDRESS	
23. CITY & STATE		23. CITY & STATE	
24. ZIP		24. ZIP	

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I hereby certify that the information furnished on this 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 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, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, or on an attachment with an address.

SIGNATURE: Robert L. Fox II, Vice President 2/03/97 (407)-240-9311
Signature typed or printed name of signing officer or director. Date.