FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995 5-1-95 B-6849

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:24

DOCUMENT # P93000083677 (3)

1. CAP SALES, INC.

Principal Office Address	Mailing Address
370 EAST ECHO ST LAKE ALFRED FL 33850	P. O BOX 567 LAKE ALFRED FL 33850 US

3. Date Incorporated/Qualified: 12/07/1993
3a. Date of Last Report: 03/14/1994

21. 8815 Highway 561 South
22. Suite Apt. #
23. City: Clermont, FL
24. Zip: 34711
25. County: USA

26. PO Box 6627
27. Suite Apt. #
28. City & State: Lakeland, FL
29. Zip: 33807-6627
30. County: USA

4. FEI Number: 59-3215073 — 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 § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARLISI, CHARLES J
370 E. ECHO ST.
LAKE ALFRED FL 33850

10. Name and Address of New Registered Agent

01 Name: Philip R. Mougeotte
02 Street Address: (P.O. Box Number is Not Acceptable): 8815 Highway 561 South
03
04 City: Clermont FL 05 Zip Code: 34711

11. Pursuant to the provisions of Sections 607.0505 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 I agree to comply with the provisions of Section 607.0505 Florida Statutes.

SIGNATURE: Philip R. Mougeotte — 5/14/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: DRT NAME: ~~CARLISI, CHARLES J~~ ADDRESS: ~~370 EAST ECHO ST~~ CITY ST ZIP: ~~LAKE ALFRED FL 33850~~	☐ Change ☐ Addition
TITLE: DVS NAME: MOUGEOTTE, PHILIP R ADDRESS: 5115 SOCRUM LOOP RD., APT. 204 CITY ST ZIP: LAKELAND FL	TITLE: DPVTS ☒ Change ☐ Addition NAME: ADDRESS: 8815 Highway 561 South CITY ST ZIP: Clermont, FL 34711
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

SIGN HERE

14. I hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and consequence as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or Block 13 if changed or added by amendment with an addition.

SIGNATURE: Philip R. Mougeotte — 4/15/95 — 904 394 6697

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

0488419 FP