

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 PM 4:14

DOCUMENT # P94000007118 (0)

1. Corporation Name

CAPRI & ASSOCIATES, P.A.

Principal Place of Business

**14003-A NORTH DALE MABRY HWY.
TAMPA FL 33618**

Mailing Address

**14003-A NORTH DALE MABRY HWY.
TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1994

3a. Date of Last Report

4. FEI Number

59-3220418

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Reporting
Trust Fund Contribution

☐

**\$5.00 May be
Added to Fees**

8. The corporation has liability for intangible tax under S. 119.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**NOLAN, MICHAEL J
ONE HARBOUR PLACE
SUITE 500
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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 filed agent only)

(607.1508 Registered Agent applies; registered agent's signature)

(607.1508)

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
CAPRI, PATRICK N
14003-A NORTH DALE MABRY HWY.
TAMPA FL 33618**

2. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

7. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

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 Sections 119.032 and 119.033, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall serve the same purposes as a printed name for the purposes of Block 12 or Block 13 and change or on an amendment with an address.

SIGNATURE:

Patrick N. Capri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21855

813 961 9174