

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #  
1. Corporation Name

CAPTAC CORPORATION

Principal Place of Business

629 1/2 CAPE CORAL PKWY  
CAPE CORAL, FL 33904

Mailing Address

629 1/2 CAPE CORAL PKWY  
CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1995

4. FEI Number

65-0582847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 629 A CAPE CORAL PKWY, E

Suite, Apt. #, etc.

2a. Mailing Address

26 3719 SE 18<sup>TH</sup> AVE

Suite, Apt. #, etc.

City & State

23 CAPE CORAL, FL

Zip Country

24 33904

City & State

28 CAPE CORAL, FL

Zip Country

29 33904

30

9. Name and Address of Current Registered Agent

WILLIAMS, ROBERT C  
3719 SE 18<sup>TH</sup> AVE  
CAPE CORAL, FL 33904

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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, hereby adopting the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

\*\*\*150.00

SIGNATURE

Signature (typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP WILLIAMS, ROBERT C  
3719 SE 18<sup>TH</sup> AVE  
CAPE CORAL, FL 33904

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST WILLIAMS, DEANNA K.  
3719 SE 18<sup>TH</sup> AVE  
CAPE CORAL, FL 33904

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)