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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000061220 (6)

1. Corporation Name

CAPTIVA CONSTRUCTION CORPORATION



Principal Place of Business

POST OFFICE BOX 621
CAPTIVA ISLAND FL 33924

Mailing Address

POST OFFICE BOX 621
CAPTIVA ISLAND FL 33924

3. Date Incorporated or Qualified

08/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, ELAINE
11411 DICKEY LANE
CAPTIVA ISLAND FL 33924

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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NAME
STREET ADDRESS
CITY - ST - ZIP

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13.

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PRESIDENT
JON ERIC RITLAND
P.O. Box 621
CAPTIVA ISLAND FL 33924

☐ Change ☒ Addition

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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:

[Signature]

JON ERIC RITLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)