PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000068313**1. Corporation Name

CAPTECH GROUP, INC.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90111 002 ***150.00



Principal Place	of Business	Mailing Address					
2834 INDUSTRIAL PLAZA DRIVE 2834 INDUSTRIAL PLAZA I			RIVE				
SUITE B		SUITE B			DO NOT WRITE IN THIS S	PACE	
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301						-ACE	
					3. Date Incorporated or Qualifed 09/05/1995		
		2- Marillan Address			4. FEI Number		pplied For
-	ace of Business	2a. Mailing Address			59-3348415		lot Applicable
21	# ***	Suite, Apt. #, etc.			33 30 10 13		Additional
Suite, Apt.	#, etc.	27			5. Certifcate of Status Desired		Required
City & State	Δ.	City & State			6. Election Campaign Financing	\$5.00	May Be
		28			Trust Fund Contribution		to Fees
Zip	Country	Zip Country			8. This corporation owes the current year Intai	naible	
24	25	29 30				Yes	XNo
241	9. Name and Address of Current				10. Name and Address of New Registered A	gent	
	J. Harris and Adams of San San		81	Name			
CHA	vez, michael		00 Ctv-4 Ad-		Lill (D.O. Barristania)		
2834	INDUSTRIAL PLAZA DRIVE		82	Street A	Address (P.O. Box Number is Not Acceptable)		
SUIT	ĒΒ		83				
TALL	AHASSEE FL 32301						
			84	City	FL	85 Zip	Code
11 Dureuant t	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes t	he abov	e-named o	corporation submits this statement for the purpose of c	hanging if	ts registered
office or re	enistered agent or both in the State o	of Florida. Such change was autho	inzed by	the corpo	oration's board of directors. I hereby accept the appoint	ment as r	egistered
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statute	5.	South State of the		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Repl	istered Age	nt signature re	equired when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	D	☐ DELETE	11 TITLE			☐ Change	Addition
NAME	PUTNAL, STEVEN S	* *	1.2 NAME				
STREET ADDRESS	5430 RIVOLI DRIVE		1.3 STREE	T ADDRESS			ĺ
CITY-ST-ZIP	MACON GA 31201		1.4 CITY-5	1			
TITLE	D	☐ DELETE	2.1 TITLE	2.0.		Change	Addition
NAME	CHAVEZ, MICHAEL	_ : ::	2.2 NAME	-	8090 Archer Circle Tallahassee FL 32	^	
	501 BLAIR STONE RD	1		T ADDRESS	00/0//		a
STREET ADDRESS	TALLAHASSEE FL 32301		2. 4 CITY-		Tallahassee FL 32	1300	5 (
CITY-ST-ZIP	TALLATIASSEE I'C 32301	☐ DELETE	3.1 TITLE	51-ZIP	7047.00	Change	Addition
TITLE			3.2 NAME			_ ,	_
NAME							
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE	S1-ZIP		☐ Change	Addition
TITLE							
NAME			4. 2 NAME			•	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		[] perse	4.4 CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE			∟ change	
NAME			5.2 NAME	į			
STREET ADDRESS				TADORESS			\
CITY-ST-ZIP			5.4 CITY-	i-ZIP		C3.0****	
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME		1	6.2 NAME				
STREET ADDRESS		1	6.3 STREE	T ADDRESS			,
CITY, ST. 7IP		1	6.4 CITY-	ST-ZIP			ł

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, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/2/99

912-746-2041 Daytime Phone #

RZE034 (11/98)