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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000070441 (6)

1. Corporation Name

CAPE COD INDUSTRIES, INC.

Principal Place of Business

4251 TANGLEWILDE DRIVE SOUTH
JACKSONVILLE FL 32257

Mailing Address

4251 TANGLEWILDE DRIVE SOUTH
JACKSONVILLE FL 32257-6438

3. Date Incorporated or Qualified

08/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 2030 E. ADAMS ST

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE FL

Zip

24 32202

Country

25 Duval

27 City & State

28

Zip

29

Country

30

4. FEI Number

59-3405881

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 s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ROCKEY, PATRICK B
4251 TANGLEWILDE DRIVE SOUTH
JACKSONVILLE FL 32257

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ROCKEY, PATRICK B
STREET ADDRESS 4251 TANGLEWILDE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☐ DELETE
NAME WELKY, LEE A
STREET ADDRESS 17547 TIFFANY TRACE DRIVE
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ DELETE
NAME WELKY, BERNARD T
STREET ADDRESS 3200 N.E. 38TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE D ☐ DELETE
NAME WELKY, HELEN
STREET ADDRESS 3200 N.E. 38TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE D ☐ DELETE
NAME ROCKEY, NILDA I
STREET ADDRESS 4251 TANGLEWILDE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ DELETE
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 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.

SIGNATURE:

PATRICK B. ROCKEY, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/97 (904) 633-9918

Date

Daytime Phone #

CR2E034 (9/96)