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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000089371 (4)

1. Corporation Name
CAPCO RENOVATIONS, INC.



Principal Place of Business

514 E. CAROLINA STREET
TALLAHASSEE FL 32303

Mailing Address

514 E. CAROLINA STREET
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1996

4. FEI Number

59-3410633

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

21 816 BUENA VISTA DRIVE

Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE, FL

Zip

Country

24 32304-1806

25 USA

2a. Mailing Address

26 816 BUENA VISTA DRIVE

Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE, FL

Zip

Country

29 32304-1806

30 USA

9. Name and Address of Current Registered Agent

PETRAS, CHRIS A SR.
514 E. CAROLINA STREET
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

CHRIS A. PETRAS, SR.

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

816 BUENA VISTA DRIVE

83

84 City

TALLAHASSEE

FL

85 Zip Code

32304-1806

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 PD ☐ DELETE

NAME PETRAS, CHRIS A SR.
STREET ADDRESS 514 E. CAROLINA STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VPD ☒ DELETE

NAME PETRAS, JANICE H
STREET ADDRESS 514 E. CAROLINA STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE STD ☒ DELETE

NAME PETRAS, CHRIS A JR.
STREET ADDRESS 514 E. CAROLINA STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME PETRAS, CHRIS A. SR.

1.3 STREET ADDRESS 816 BUENA VISTA DRIVE

1.4 CITY-ST-ZIP TALLAHASSEE, FL 32304-1806

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 VICE-PRESIDENT ☐ Change ☒ Addition

4.2 NAME GLISSON, KRISTI M.

4.3 STREET ADDRESS ROUTE 3, BOX 157

4.4 CITY-ST-ZIP MONTICELLO, FL 32344

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 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 change or addition with an address.

SIGNATURE

CR2E034 (10/97)