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CORPORATION ANNUAL REPORT 1998

**DOCUMENT #** 



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED**

Feb 05 1998 8:00am Secretary of State

CAPITO C.	OL LAW ENFORCEMENT TR	AINING & EDUCATIO	N, IN					
Principal Place	e of Business	Mailing Address				-[ 1.48334831 310 13111 18611 33115 48311 63111 6611	O 18060 O1561 100(B I	1110 <b>1</b> 111 1001
5029 VALLEY FARM ROAD 5029 VALLEY FARM ROAD TALLAHASSEE FL 32303 TALLAHASSEE FL 32303						DO NOT WRITE IN TH	HS SPACE	
						3. Date Incorporated or Qualified	10 01 702	
						04/09/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				59-3372265	<del></del>	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired		Required
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the	current year in	ntangible
24	25	29	30			Personal Property Tax due June 30.		No .
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	ed Agent	
	etherington, Bobby	•		81	Name			11 2 -
	29 VALLEY FARM ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
TA	ALLAHASSEE FL 32303							-2 -
				83				
				84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
				1	•		- <b>L</b>	,
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	ites, the al	bove-	named corpo	oration submits this statement for the purposon's board of directors. I hereby accept the	e of changing	its registered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stat	tutes.	ne corporation	on's board of directors. Thereby accept the	арронштет аз	s registered
SIGNATURE						·		· · · }
	Signature, typed or printed name of registered ages	et sort title if applicable (NC)		d 5-0-0	signature require	d when reinstating) DAT		, , , , , , , , , , , , , , , , , , ,
				u Agent	<del></del>			f
12.	OFFICERS AND	DIRECTORS	13.		<u> </u>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
YITLE	Р		13. 1,1 Ti	TLE				RS IN 12
YITLE NAME	P WETHERINGTON, BOBBY A	DIRECTORS	13- 1.1 TI 1.2 N/	TLE AME			AND DIRECTO	
YITLE	P WETHERINGTON, BOBBY A 5029 VALLEY FARM ROAD	DIRECTORS	13- 1.1 TI 1.2 N/	TLE			AND DIRECTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WETHERINGTON, BOBBY A 5029 VALLEY FARM ROAD TALLAHASSEE FL 32303	D DIRECTORS  DELETE	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME TREET AT	DORESS		AND DIRECTO Change	☐ Addition
YITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WETHERINGTON, BOBBY A 5029 VALLEY FARM ROAD TALLAHASSEE FL 32303 S	DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI	TLE AME TREET AT ITY-ST- TLE	DORESS		AND DIRECTO	
YITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P WETHERINGTON, BOBBY A 5029 VALLEY FARM ROAD TALLAHASSEE FL 32303 S WETHERINGTON, PATRICIA	D DIRECTORS  DELETE	13. 1.1 Ti 1.2 N/ 1.3 Si 1.4 Ci 2.1 Ti 2.2 N/	TLE AME TREET AC TTY-ST- TLE AME	DORESSZIP		AND DIRECTO Change	☐ Addition
YITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WETHERINGTON, BOBBY A 5029 VALLEY FARM ROAD TALLAHASSEE FL 32303 S WETHERINGTON, PATRICIA 5029 VALLEY FARM ROAD	D DIRECTORS  DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TLE AME TREET AT TLE AME TREET AT	DORESS ZIP		AND DIRECTO Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WETHERINGTON, BOBBY A 5029 VALLEY FARM ROAD TALLAHASSEE FL 32303 S WETHERINGTON, PATRICIA	D DIRECTORS  DELETE  DELETE	13- 1.1 T/ 1.2 N/ 1.3 S/ 1.4 C/ 2.1 T/ 2.2 N/ 2.3 S/ 2.4 C/ 2.4 C	TLE AME TREET AT TLE AME TREET AT TLE AME TREET AT	DORESS ZIP		AND DIRECTO Change Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WETHERINGTON, BOBBY A 5029 VALLEY FARM ROAD TALLAHASSEE FL 32303 S WETHERINGTON, PATRICIA 5029 VALLEY FARM ROAD	D DIRECTORS  DELETE	13- 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI	TLE AME TREET AT TLE AME TREET AT TREET AT TREET AT TLE	DORESS ZIP		AND DIRECTO Change	☐ Addition
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indicated on this annual report or supplied wint his ming oces for quality for the exemption stated in Section 119.0/(5)(), Fronds Statutes, I further certify that I am an 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.