

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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 # P97000072027 (0)

1. Corporation Name

CAPITAL PARK HOLDINGS, INC.



Principal Place of Business

9053 EAGLES RIDGE DRIVE  
TALLAHASSEE FL 32308

Mailing Address

9053 EAGLES RIDGE DRIVE  
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

59-3503557

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

P.O. Box 13561

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, Florida

Zip

Country

Zip

Country

32317

U.S.A.

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, W C  
3520 THOMASVILLE ROAD  
4TH FLOOR  
TALLAHASSEE FL 32308

81. Name

Stephen J. Kynio

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

9053 Eagles Ridge Drive

83.

84. City

Tallahassee

FL

85. Zip Code

32312

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 (delete if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

STEPHEN J. KYNIO

4/30/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME KYNIO, STEPHEN J  
STREET ADDRESS 9053 EAGLE RIDGE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME SOUTHWORTH, DAN  
STREET ADDRESS 2986 ST. STEPHENS DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME SNEED, RICHARD W  
STREET ADDRESS 4937 HIGH GROVE ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME FORTIER, MICHAEL M  
STREET ADDRESS 2158 GOLDEN EAGLE DRIVE-WEST  
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

STEPHEN J. KYNIO

4/30/98 850-545-4115

CR2E034 (10/97)