


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

0381C

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90151 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000085277					
1. Corporation Name KAPCO, INC.					
Principal Place of Business 27740 SANDBAGGER LANE WESLEY CHAPEL FL 33544			Mailing Address 27740 SANDBAGGER LANE WESLEY CHAPEL FL 33544		
2. Principal Place of Business 21 20245 PRIVATE LANE Suite, Apt. #, etc. 22 City & State 23 LAND O LAKES, FL 34 Zip Country 24 34639 25 U.S.		2a. Mailing Address 26 P.O. BOX 7439 Suite, Apt. #, etc. 27 City & State 28 WESLEY CHAPEL, FL Zip Country 29 33543 30		3. Date Incorporated or Qualified 10/05/1998	
9. Name and Address of Current Registered Agent AUVIL, JON L 37837 MERIDIAN AVENUE SUITE 314 DADE CITY FL 33525		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		4. FEI Number 59-3536416 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

813 973 4778

Daytime Phone #

CR2E034 (1/98)