

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Metham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V13755** (6)

1. Corporation Name

CAPITAL RESORT SERVICES OF WEST FLORIDA, INC.

Principal Place of Business

**7524 LANDMARK DR
SPRINGS HILL FL 34606**

Mailing Address

**7524 LANDMARK DR
SPRINGS HILL FL 34606**

2. Principal Place of Business

21

Subs. Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Subs. Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

**SHECK, DONALD E
7524 LANDMARK DR
SPRING HILL FL 34609**

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 607.0507 and 607.1401, Florida Statutes, this 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. The day I accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SCHECK, DONALD E.	
STREET ADDRESS	7524 LANDMARK DR	
CITY-STATE-ZIP	SPRING HILL FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(k), 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 receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I, or an attorney-in-fact, with an affidavit.

SIGNATURE: **Donald E. Scheck**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 **352-683-1113**
Date Filed Fee

CR2E034 (12/95)