

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V56747** (1)

1. Corporation Name

CAPITAL LOCK SERVICE, INC.



Principal Place of Business

**1105 W THARPE ST
TALLAHASSEE FL 32303**

Mailing Address

**1105 W THARPE ST
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified
08/11/1992

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3138918

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, SCOTT DEAN
1105 W THARPE ST
TALLAHASSEE FL 32303**

81 Name

KAIL, JOSEPH OTTO

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

5729 EUNICE CT

83

84 City

TALLAHASSEE

FL

85 Zip Code

32303

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

Joseph O. Kail
Signature typed or printed name of registered agent and the filer, if applicable

JOSEPH O KAIL
(NOTE: Registered Agent signature required when re-registering)

4/2/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **ADAMS, SCOTT DEAN**
STREET ADDRESS **4567 RUNNING MEADOWS LN**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **ANDREWS, THOMAS EDWIN**
STREET ADDRESS **2725 LEARY LANE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **KAIL, JOSEPH OTTO**
STREET ADDRESS **5729 EUNICE CT.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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(3)(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 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:

Joseph O. Kail
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH O KAIL 4/2/96 (504) 376-6960
Date Date-time Phone #

CR2E034 (12/95)