

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F94000005002 (0)**

1. Corporation Name:

**CAPSTONE CAPITAL OF BONITA BAY, INC.**

APPROVED  
(10)  
(15)  
05 MAY -1 AM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1000 URBAN CENTER PARKWAY BIRMINGHAM AL 35242**  
Mailing Address: **1000 URBAN CENTER PARKWAY BIRMINGHAM AL 35242**

3. Date Incorporated or Qualified: **00/27/1994** 3a. Date of Last Report: **9/13/94** N/A  
4. FEI Number: **APPLIED FOR 63-1127900** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**  
22. State, Apt. #, etc.: **27**  
23. City & State: **28**  
24. Co.: **25** Country: **30**

9. Name and Address of Current Registered Agent:  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent:  
B1. Name:  
B2. Street Address (P.O. Box Number is Not Acceptable):  
B3. City:  
B4. City: **FL** B5. Zip Code:

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 of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

|         |                   |                           |                     |
|---------|-------------------|---------------------------|---------------------|
| OFFICER | NAME              | STREET ADDRESS            | CITY, ST, ZIP       |
| PD      | MCROBERTS, JOHN W | 1000 URBAN CENTER PARKWAY | BIRMINGHAM AL 35242 |
| VST     | KIZER, ANDREW L   | 1000 URBAN CENTER PARKWAY | BIRMINGHAM AL 35242 |
| VD      | HARLAN, WILLIAM C | 1000 URBAN CENTER PARKWAY | BIRMINGHAM AL 35242 |
|         |                   |                           |                     |
|         |                   |                           |                     |
|         |                   |                           |                     |
|         |                   |                           |                     |

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY, ST, ZIP  |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY, ST, ZIP  |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY, ST, ZIP  |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY, ST, ZIP  |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY, ST, ZIP  |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY, ST, ZIP  |   |

14. I 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)(a), Florida Statutes. I further certify that the information included 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. 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 1, or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Andrew L. Kizer* *5/1/95* (205) 967-2092  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR