

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

**FILED**  
**Mar 24 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F94000005002 (0)**

1. Corporation Name  
**CAPSTONE CAPITAL OF BONITA BAY, INC.**



Principal Place of Business  
**1000 URBAN CENTER PARKWAY  
 SUITE 630  
 BIRMINGHAM AL 35242**

Mailing Address  
**1000 URBAN CENTER PARKWAY  
 SUITE 630  
 BIRMINGHAM AL 35242-2515**

3. Date Incorporated or Qualified **09/27/1994 9 | 13 | 94** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
**21 1000 Urban Center Drive**  
 Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
 Country

2a. Mailing Address  
**26 1000 Urban Center Drive**  
 Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
 Country

4. FEI Number **63-1127900** 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  
**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
**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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, former 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	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD MCROBERTS, JOHN W</b>	1.2 NAME	
STREET ADDRESS	<b>1000 URBAN CENTER PARKWAY BIRMINGHAM AL 35242</b>	1.3 STREET ADDRESS	<b>1000 Urban Center Drive, Suite 630</b>
CITY-STATE-ZIP	<b>VSTD</b>	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIZER, ANDREW L</b>	2.2 NAME	
STREET ADDRESS	<b>1000 URBAN CENTER PARKWAY BIRMINGHAM AL 35242</b>	2.3 STREET ADDRESS	<b>1000 Urban Center Drive, Suite 630</b>
CITY-STATE-ZIP	<b>VD</b>	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARLAN, WILLIAM C</b>	3.2 NAME	
STREET ADDRESS	<b>1000 URBAN CENTER PARKWAY BIRMINGHAM AL 35242</b>	3.3 STREET ADDRESS	<b>1000 Urban Center Drive, Suite 630</b>
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>GD Scrushy, Richard M.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>2 Perimeter Park S. Birmingham, AL 35242</b>
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D Martin, Michael D.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>2 Perimeter Park S. Birmingham, AL 35242</b>
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 in an attachment with an address.

**SIGNATURE:** *Andrew L. Kizer* **1/28/97** **205-967-2092**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)