

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

FILED
Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **G75579** (4)
1. Corporation Name
CAPITAL CITY BANK

Principal Place of Business
**217 NORTH MONROE STREET
TALLAHASSEE FL**

Mailing Address
**217 NORTH MONROE STREET
TALLAHASSEE FL 32301-7619**

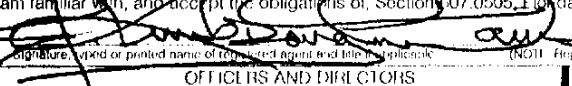


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1983		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3277398		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**DAVIS, J. KIMBROUGH
217 NORTH MONROE ST
TALLAHASSEE FL 32301-7619**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

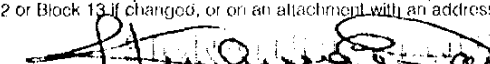
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **J KIMBROUGH DAVIS** 3/31/97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	D AUSLEY, DUBOSE ESQ	1.2 NAME	
STREET ADDRESS	227 SOUTH CALHOUN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PD BARRON, THOMAS A	2.2 NAME	
STREET ADDRESS	217 NORTH MONROE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CFOS DAVIS, J KIMBROUGH	3.2 NAME	
STREET ADDRESS	217 NORTH MONROE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VCD SMITH, GODFREY	4.2 NAME	
STREET ADDRESS	217 NORTH MONROE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VD SMITH, J. VEREEN JR	5.2 NAME	
STREET ADDRESS	217 NORTH MONROE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CD SMITH, WILLIAM G	6.2 NAME	
STREET ADDRESS	217 NORTH MONROE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	6.4 CITY-ST-ZIP	

**500002120645
-03/21/97--01008--030
***825.00**

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. 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: 

1/13/97 904-671-0610

CR2E034 (9/96)