2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G75579

Entity Name: CAPITAL CITY BANK

FILED Jan 04, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

217 NORTH MONROE STREET TALLAHASSEE, FL 323017619 US

Current Mailing Address: New Mailing Address:

217 NORTH MONROE STREET TALLAHASSEE, FL 323017619 US

FEI Number: 59-3277398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, J. KIMBROUGH 217 NORTH MONROE STREET TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 BARRON, THOMAS A

 Address:
 POST OFFICE BOX 900 N/A

 City-St-Zip:
 TALLAHASSEE, FL 32302

Title: ST

 Name:
 DAVIS, J. KIMBROUGH

 Address:
 POST OFFICE BOX 900 N/A

 City-St-Zip:
 TALLAHASSEE, FL 32302

Title: CD

Name: SMITH, WILLIAM G JR
Address: POST OFFICE BOX 900 N/A
City-St-Zip: TALLAHASSEE, FL 32302

Title: VPD

Name: CANUP, EDWARD G
Address: POST OFFICE BOX 900 N/A
City-St-Zip: TALLAHASSEE, FL 32302

Title: VPD

 Name:
 ENGLERT, MITCHELL R

 Address:
 POST OFFICE BOX 900 N/A

 City-St-Zip:
 TALLAHASSEE, FL 32302

Title: VPD

 Name:
 COLLEDGE, WILLIAM D

 Address:
 POST OFFICE BOX 900 N/A

 City-St-Zip:
 TALLAHASSEE, FL 32302

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J.KIMBROUGH DAVIS ST 01/04/2011