

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J04606**

(6)

1. Corporation Name

CAPITAL SECURITIES GROUP, INC.

Principal Place of Business

**490 N HARBOR CITY BLVD
MELBOURNE FL 32935-6858**

Mailing Address

**490 N HARBOR CITY BLVD
MELBOURNE FL 32935-6858**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

03/18/1986

3a. Date of Last Report

05/01/1994

4. FFI Number

59-2655131

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 information under 5-199 (C) Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. #, etc.

State Apt. #, etc.

22

City & State

27

City & State

23

City

24

County

28

City

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNDERILL, H. J.
490 NORTH HARBOR CITY BLVD.
MELBOURNE FL 32935-6858**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

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 the 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 Agent, Current and New Registered Agent (Not Applicable)

Signature of New Registered Agent (Not Applicable)

Date

12. OFFICERS AND DIRECTORS

12.1

**DP
UNDERILL, H. J., III
490 N HARBOR CITY BLVD
MELBOURNE FL 32935-6858**

NAME

STREET ADDRESS

CITY, ST, ZIP

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

1. NAME

2. STREET ADDRESS

3. CITY, ST, ZIP

13.2

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

13.3

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

13.4

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

13.5

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

13.6

6. NAME

6. STREET ADDRESS

6. 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 190.07(4)(b), 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 that I am an officer or director of the corporation or the receiver or trustee empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

H. J. Underill, III

PRINT NAME AND FULL PRINTED NAME OF SIGNER OF FILING OR DIRECTOR

4/25/95
Date

407/242-2224
Tallahassee, FL 32309-2224