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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SOCIEMENT 4

| 1. Corporation   | Name<br>CAPITAL (    | CORP.                     | 07 (  | 2)                  |                |  |  |   |  |  |
|--|----------------------|---------------------------|---|---------------------|----------------|--|--|---|--|--|
| Principal Place of Business Mailing Address  |                      |                           |   |                     |                |  | -{   | it dikt kanı olom diğir Bidir (80)                            |  |  |
| BOX 8348<br>AMELIA IS FL 32034   |                      |                           | BOX 8348<br>AMELIA IS FL 32034  |                     |                |  | DO NOT WRITE IN  | THIS SPACE  |  |  |
|  |                      |                           |   |                     |                |  | 3. Date Incorporated or Qualified 08/09/1991   |   |  |  |
| 2. Principal Place of Business   |                      |                           | 2a, Mailing Ad<br>26  | 2a. Mailing Address |                |  | 4. FEI Number 58-1943970   | Applied For Not Applicable                                    |  |  |
| Suite, Apt. #, etc.  |                      |                           | Suite, Apt.   | #, etc.             |                |  | <b>5.</b> Certificate of Status Desired  | \$8.75 Additional<br>Fee Required                             |  |  |
| City & State   |                      |                           | City & State  | City & State        |                |  | 6. Election Campaign Financing Trust Fund Contribution                                     | \$5.00 May Be<br>Added to Fees                                |  |  |
| Zip<br>24  | 25                   | Country                   | Z(p)  | 30                  | Country        | , ———————————————————————————————————— | This corporation owes or has paid to Personal Property Tax due June 30.                    | ne current year Intangible                                    |  |  |
| 9. Name and Address of Current Registered Agent  |                      |                           |   |                     |                |  | 10. Name and Address of New Registered Agent   |   |  |  |
| KELLY, JAMES E.<br>BOWMAN ROAD, AMELIA VILLAGE<br>225 WATER STREET<br>AMELIA ISLAND FL 32035 |                      |                           |   |                     | 81<br>82<br>83 |  | lame itreet Address (P.O. Box Number is Not Acceptable)                                    |   |  |  |
|  |                      |                           |   |                     | 84             | City                                   |  | FL 85 Zip Code  |  |  |
| office or re   | egistered agent      | t, or both, in the S      | .0502 and 607.1508, Flo<br>State of Florida. Such cha<br>obligations of, Section 60 | ange was auti       | horized by     | the corporation                        | oration submits this statement for the purp<br>on's board of directors. I hereby accept th | ose of changing its registered<br>e appointment as registered |  |  |
| SIGNATURE  | Sinnature typed or r | rinlad Burne of reporters | ed apent and title if applicable  | (NOIL B             | lanistared Age | ent signature require                  | d when reinstation)  | NATE  |  |  |
| 12. OFFICERS AND DIRECTORS 13.   |                      |                           |   |                     |                | art signature reduce                   | ADDITIONS/CHANGES TO OFFICER   | · · · ·   |  |  |
| DELETE   |                      |                           |   |                     |                | TCPS                                   |  | Y Change Addition   |  |  |

| agent. I a                 | m familiar with, and accept the obligations of, Sc                  | ection 607.0505, Flor | rida Statutes.  | poration's board of directors. Thereby accept tr | е арропплен аз  | registerett |  |  |
|----------------------------|---|-----------------------|---|--|-----------------|-------------|--|--|
| SIGNATURE                  | Signature, typed or printed Reme of registered agent and bild if ap | nicable (NOIE         | Bagistared Agent signature                            | e required when reinstating)                     | DATE            |             |  |  |
| 12. OFFICERS AND DIRECTORS |   |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |                 |             |  |  |
| TITLE                      | CPS   | DELETE                | 1,1 TITLE   | CPS  | X Change        | Addition    |  |  |
| NAME                       | WILLIAMS, ARTHUR L., III  |                       | 1.2 NAME  | WILLIAMS, ARTHUR L., III                         |                 |             |  |  |
| STREET ADDRESS             | 347 MCDANIEL ST   |                       | 1.3 STREET ADDRESS                                    | 825 FAIRWAY DRIVE                                |                 |             |  |  |
| CITY-ST-ZIP                | MONROE GA   |                       | 1,4 CITY - ST - ZIP                                   | MONROE, GA 30655                                 |                 |             |  |  |
| TITLE                      | VAS   | ☐ DELETE              | 2.1 TITLE   |  | Change          | Addition    |  |  |
| NAME                       | KELLY, JAMES E  |                       | 2.2 NAME  |  |                 |             |  |  |
| STREET ADDRESS             | BOWMAN ROAD, AMELIA VILLAGE   |                       | 2 3 STREET ADDRESS                                    |  |                 |             |  |  |
| CITY-ST-ZIP                | AMELIA ISLAND FL  |                       | 2. 4 CITY+ST-ZIP                                      |  |                 |             |  |  |
| TITLE                      | AS  | ☐ DELET <b>E</b>      | 3.1 TITLE   | AS   | <b>X</b> Change | Addition    |  |  |
| NAME                       | CRIM, GLOICE Y  |                       | 3.2 NAME  | CRIM, GLOICE Y.                                  |                 |             |  |  |
| STREET ADDRESS             | 5483 FLORENCE POINT DRIVE   |                       | 3.3 STREET ADDRESS                                    | 211 SAINT MARTIN DRIVE                           |                 |             |  |  |
| CITY-ST-ZIP                | FENANDINA BCH FL  |                       | 3 4. CITY-S1-ZiP                                      | SUWANEE, GA 30024                                |                 |             |  |  |
| TITLE                      |   | DELETE                | 4.1 TITLE   |  | ☐ Change        | ☐ Addition  |  |  |
| NAME                       |   |                       | 4. 2 NAME   |  |                 |             |  |  |
| STREET ADDRESS             |   |                       | 4.3 STREET ADDRESS                                    |  |                 |             |  |  |
| CITY-ST-ZIP                |   |                       | 4.4 CITY - ST - ZIP                                   | <u> </u>   |                 |             |  |  |
| TITLE                      |   | DELETE                | 51 TITLE  |  | Change          | Addition    |  |  |
| NAME                       |   |                       | 5.2 NAME  |  |                 |             |  |  |
| STREET ADDRESS             |   |                       | 5.3 STREET ADDRESS                                    |  |                 |             |  |  |
| CITY-ST-ZIP                |   |                       | 5.4 CITY - ST - ZIP                                   |  |                 |             |  |  |
| TITLE                      |   | ☐ DELE1E              | 6.1 TITLE   |  | ☐ Change        | Addition    |  |  |
| NAME                       |   |                       | 6.2 NAME  |  |                 |             |  |  |
| STREET ADDRESS             |   |                       | 6.3 STREET ADDRESS                                    |  |                 |             |  |  |
| 0.771 07 810               |   |                       | 0.4.0374, 07, 740                                     |  |                 | (           |  |  |

14. I 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 of supplimental 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 composition or the receiver in true enempowered 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.

**FILED** 

Jan 30 1998 8:00am

Secretary of State