

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G75579

Entity Name: CAPITAL CITY BANK**Current Principal Place of Business:**217 NORTH MONROE STREET
TALLAHASSEE, FL 32301-7619**Current Mailing Address:**217 NORTH MONROE STREET
TALLAHASSEE, FL 32301-7619 US**FEI Number:** 59-3277398**Certificate of Status Desired:** No**Name and Address of Current 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

Officer/Director Detail :

Title	PD
Name	BARRON, THOMAS A
Address	POST OFFICE BOX 900 N/A
City-State-Zip:	TALLAHASSEE FL 32302

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

Title	ST
Name	DAVIS, J. KIMBROUGH
Address	POST OFFICE BOX 900 N/A
City-State-Zip:	TALLAHASSEE FL 32302

Title	VPD
Name	CANUP, EDWARD G
Address	POST OFFICE BOX 900 N/A
City-State-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

EVP/CFO

01/22/2019

Electronic Signature of Signing Officer/Director Detail

Date