FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **192620** **(3)**

1. Corporation Name
CAPITAL CITY COUNTRY CLUB INC

FILED
'95 JAN 27 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1601 GOLF TERRACE DR. TALLAHASSEE FL 32301	1601 GOLF TERRACE DR. TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: **06/13/1958**
3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-0781065** ☐ 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 intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHILLIG, CINDY
1601 GOLF TERRACE DR.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: DUFRESNE, JEANETTE
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 607.1508, 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: JEANETTE DUFRESNE, CONTROLLER — Jeanette Dufresne, Controller — DATE: Jan. 18, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	V	☒ Change ☐ Addition
NAME	SMITH, RUTH	1.2 NAME	WHITE, DOUGLAS	
STREET ADDRESS	6455 JOE COTTON TRAIL	1.3 STREET ADDRESS	2906 JOYCE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32303	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	MCFARLAIN, JANE	2.2 NAME		
STREET ADDRESS	2014 GOLF TERRACE DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	BRIM, RODERICK M.	3.2 NAME		
STREET ADDRESS	7675 BUCK LAKE RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	ALEXANDER, SAMUEL D.	4.2 NAME	JONES, RICHARD W.	
STREET ADDRESS	3628 WESTMORLAND DR.	4.3 STREET ADDRESS	3214 RUE DE LAFFITTE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	4.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32312	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: — Jan. 18, 1995 — 904-878-9374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028843 CP