

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 424462 (0)

1. Corporation Name

CAP TEN ASSOCIATES, INC.



Principal Place of Business

1908 CRABAPPLE DRIVE
TALLAHASSEE FL 32304

Mailing Address

1908 CRABAPPLE DRIVE
TALLAHASSEE FL 32304

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

STEINMEYER, F. E. III
122 S. CALHOUN ST.
TALLAHASSEE FL

3. Date Incorporated or Qualified

04/25/1973

3a. Date of Last Report

03/31/1995

4. FEI Number

59-2390856

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

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(If OFFICER Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WHALEY, W E
STREET ADDRESS RT 1 BOX 218
CITY-ST-ZIP CRAWFORDVILLE, FL 00000

TITLE D ☒ DELETE
NAME CRENSHAW, JOSEPH W
STREET ADDRESS 1008 SHADOWLAWN DR
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE STD ☐ DELETE
NAME WHEELER, JOHN H
STREET ADDRESS 1810 SKYLAND DR
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE D ☐ DELETE
NAME TIPTON, RAY A.
STREET ADDRESS 10035 BUCK POINT ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE DP ☐ DELETE
NAME MORSE, JUDIAN D
STREET ADDRESS 1908 CRABAPPLE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE D ☐ DELETE
NAME STEINMEYER, F E III
STREET ADDRESS 122 S CALHOUN ST
CITY-ST-ZIP TALLAHASSEE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME SIMS, LEON A.
1.3 STREET ADDRESS 923 ABIGAIL
1.4 CITY-ST-ZIP TALLAHASSEE, FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(c), 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:

John H. Wheeler

John H. Wheeler ST 3/14/96 (904) 385-4978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)