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Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32304-3208



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
04/25/1973

3a. Date of Last Report  
03/19/1996

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

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D  
NAME SIMS, LEON A  
STREET ADDRESS 923 ABIGAIL  
CITY-ST-ZIP TALLAHASSEE, FL 00000

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

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

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

TITLE D  
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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 D/T/S 4/7/97 (904) 385-4978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)