2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000002700

1. Entity Name
CAPITOLINE TOPS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
100 CAPITOLINE DRIVE ROME, GA 30165	100 CAPITOLINE DRIVE ROME, GA 30165

04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2401216
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SMITH, GLAVON F
STREET ADDRESS	100 CAPITOLINE DRIVE
CITY-ST-ZIP	ROME, GA 30165
TITLE	VCVP
NAME	SMITH, LATHAN G
STREET ADDRESS	100 CAPITOLINE DRIVE
CITY-ST-ZIP	ROME, GA 30165
TITLE	D
NAME	GAYLE, JOHN WOODWARD
STREET ADDRESS	403 CLYDE AVENUE
CITY-ST-ZIP	VALDOSTA, GA 31602
TITLE	D
NAME	BRIDGES, CHARLES C JR
STREET ADDRESS	11014 BRONSON ROAD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	S
NAME	SMITH, LATHAN G
STREET ADDRESS	100 CAPITOLINE DRIVE
CITY-ST-ZIP	ROME, GA 30165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80093-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glavon F. Smith Glavon F. Smith 4/18/06 706-235-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #