2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# F05000002700

Entity Name: CAPITOLINE TOPS OF FLORIDA, INC.

Current Principal Place of Business:

100 CAPITOLINE DRIVE
ROME, GA 30165

New Principal Place of Business:

Current Mailing Address:

100 CAPITOLINE DRIVE
ROME, GA 30165

New Mailing Address:

FEI Number: 20-2401216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: SMITH, GLAVON F
Address: 100 CAPITOLINE DRIVE
City-St-Zip: ROME, GA 30165

Title: VCVP ( ) Delete
Name: SMITH, LATHAN G
Address: 100 CAPITOLINE DRIVE
City-St-Zip: ROME, GA 30165

Title: D ( ) Delete
Name: GAYLE, JOHN WOODWARD
Address: 403 CLYDE AVENUE
City-St-Zip: VALDOSTA, GA 31602

Title: D ( ) Delete
Name: BRIDGES, CHARLES C JR
Address: 11014 BRONSON ROAD
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete
Name: SMITH, LATHAN G
Address: 100 CAPITOLINE DRIVE
City-St-Zip: ROME, GA 30165

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC ( ) Change (X) Addition
Name: JOYCE, LOVELESS
Address: 2990 HORSELEG CREEK ROAD
City-St-Zip: ROME, GA 30165

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOYCE LOVELESS SEC/ 04/16/2009

Electronic Signature of Signing Officer or Director — Date