FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

- PROFIT CORPORATION **ANNUAL REPORT**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	INUAL REPORT Secretary of S DIVISION OF CORPO		tary of State	Secretary of State
	MENT # F432	(- /		
CAPITA	l sunbelt investmen	ITS, INC.		
Principal Place	e of Business	Mailing Address		\$ AUDSTADD ATTY DEBUT ATTHE FINDIN STATE DATE FOR THE FEBRUARY DIRECT DEBUT DE
5015 S. FLOR	ND AVE.	P.O. BOX 5252		
suite 200 Lakeland Fl	. 33381	P.O. BOX 5252 LAKELAND FL 33807-52	252	DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualified
2. Principal Pl	lace of Business	2a. Mailing Address	<u> </u>	08/27/1981 4. FEI Number Applied For
21		26		59-2155546 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8, This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Cui	rrent Registered Agent	30	Personal Property Tax due June 30. Li Yes Li No 10. Name and Address of New Registered Agent
MC	FARLANE, PETER A. ESQ.		81 N	Name
	5 SOUTH FLORIDA AVE.		82 St	Street Address (P.O. Box Number is Not Acceptable)
	10 CLEVELAND HEIGHTS BLV	/D.	83	
LAK	KELAND FL 33813		63	
			84 C	City FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.	0502 and 607 1508, Florida Stat	utes, the above-na	named corporation submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the ob	bligations of, Section 607.0505,	s authorized by the Florida Statutes.	ne corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	d agent and title if anglicable (fill	OTE. Bookstared Access and	signature required when reinstaling) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAXWELL, LAWRENCE W.		1.2 NAME	
STREET ADDRESS	5015 S. FLORIDA AVE. #2 LAKELAND FL	200	1.3 STREET ADDR	- 1
CITY-ST-ZIP TITLE	S	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	ANTLE, SALLY		2.2 NAME	
STREET ADDRESS	5015 S. FLORIDA AVENUE	#200	2.3 STREET ADDR	ORESS
CITY-ST-ZIP	LAKELAND FL	Delete	2. 4 CITY - ST - ZIF	
TITLE NAME	I Kelley, Kim	DELETE	3.1 TITLE 3.2 NAME	S/T Maddition
STREET ADDRESS	5015 S. FLORIDA AVE.		3.3 STREET ADDR	DRESS
CITY-ST-ZIP	LAKELAND FL		3.4. CITY - ST - ZIF	ZIP
TETLE		☐ DELETÉ	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDR	1
TITLE		. DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDR	DRESS
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	
TITLE NAME		L OFCETE	6.1 TITLE	Change Addition
			E S 2 NAME	1 I
STREET ADDRESS			6.2 NAME 6.3 STREET ADDR	DRESS

I 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.

Kelly Treasurer

2/11/98

941-647-1581

FILED

Mar 26 1998 8:00am