SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



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

1996

DOCUMENT # 1. Corporation Name

F93000003569 (1)

CAPITOL CARE MANAGEMENT COMPANY, INC.

FILED Jul 08 1996 8:00 am Secretary of State



	e of Business	Mailing Address			i ingritte tile lålde tillt eftill åtitt til	(0) 44 1)(48)44 (11101 ALINA AINN 1811 1881
8000 LAKE FORREST DRIVE. SUITE 225 ATLANTA GA 30328		6000 LAKE FORREST DRIVE. SUITE 225 ATLANTA GA 30328					
					3. Date Incorporated or Qualified 08/05/1993		of Last Report 2/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	. · ·	Applied For
21		26		58-2042415		Not Applicat	
Suite, Apt =		Suite, Apt. #, etc 27		-	5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	2	City & State			6. Election Campaign Financing		\$5.00 May Be
23 Zip	Country	28	T" '"		Trust Fund Contribution		Added to Fees
24]	Country 25	Z)p	Country 30		This corporation has liability for i Florida Statutes		x under s. 199 032, . No
	9. Name and Address of Curre		1 		10. Name and Address of New Re	·	
BRO	OGDON, CHRIS		81	Name			W * d + \$4/1/\$4
180	00 HARRISON STREET		82	Street Add	dress (P.O. Box Number is Not Acceptab	e)	
1131	USVILLE FL 32780		83	 			
			84	City		FI	85 Zip Code
11. Pursuant t	to the provisions of Sections 607 050	02 and 607,1508. Florida Stahille	es, the above	-named corr	poration submits this statement for the pu		agoing its registers of
Office of te	m familiar with, and accept the oblic	tations of Section 607 0505. Flo	mda Statules				
agent I an	m familiar with, and accept the oblig	gations of, Section boy 0505, Fig	mua atatutes		rred when reinstal rigi	DAIL	
agent I an	Signature typed or protect han clot registered as OFFICERS At	gations of, Section boy 0505, Fig	mua atatutes		incd when renstatings ADDITIONS/CHANGES TO OFFIC		DIRECTORS IN 12
agent. I ar	Signature typed or protect han distributional agreement of CPRS AN	gations of, Section boy 0505, Fig.	t. Registered Age		and when resistatings ADDITIONS/CHANGES TO OFFICE		DIRECTORS IN 12 Change Adultic
agent. I an	Signature typed or proced han distributed by OFFICERS At CP TUCKER, DARRELL C	port and Title if anglicable (RO) ND DIRECTORS	t Begistered Age				
agent. I ar SIGNATURE. 112.	Signature typed or proced han distributed by OFFICERS AT CP TUCKER, DARRELL C 1426 FENWICK DRIVE	port and Title if anglicable (RO) ND DIRECTORS	t Registered Age 13. 11 Title	ent signature requ			
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turner certify that the information indicated on this armus' report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

17-1-96

HAT JEG-TDUO

Barden Florida Name or signing officer or placetor.

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