

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SEP 11 - 1 AM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005005 (3)

1. CORPORATION NAME

CAPSTONE CAPITAL OF CAPE CORAL, INC.

Principal Place of Business

1000 URBAN CENTER PARKWAY
BIRMINGHAM AL 35242

Mailing Address

1000 URBAN CENTER PARKWAY
BIRMINGHAM AL 35242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 00/27/1894- 9/13/94 3a. Date of Last Report N/A

4. FEI Number APPLIED-FOR 63-1127903 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

2. Principal Place of Business

21

State Apt # etc

22

City & State

23

Zip

Country

2a. Mailing Address

26

State Apt # etc

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 602.001 and 602.006, 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 602.006, Florida Statutes.

SIGNATURE

Signature of Agent, Secretary, Treasurer, or other officer or director of corporation. (The following agent, secretary, treasurer, or other officer or director of corporation is required to sign this statement.)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	PD
12.2 STREET ADDRESS	MCROBERTS, JOHN W
12.3 CITY & STATE	1000 URBAN CENTER PARKWAY
	BIRMINGHAM AL 35242
12.4 NAME	VSTD
12.5 STREET ADDRESS	KIZER, ANDREW L
12.6 CITY & STATE	1000 URBAN CENTER PARKWAY
	BIRMINGHAM AL 35242
12.7 NAME	VD
12.8 STREET ADDRESS	HARLAN, WILLIAM C
12.9 CITY & STATE	1000 URBAN CENTER PARKWAY
	BIRMINGHAM AL 35242
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY & STATE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY & STATE	
12.16 NAME	
12.17 STREET ADDRESS	
12.18 CITY & STATE	

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY & STATE	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY & STATE	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY & STATE	
13.17 NAME	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1301.01(1)(b), Florida Statutes. I further certify that the information submitted 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 person or persons empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or 13 of this report if changed, or on an attachment with an address.

SIGNATURE:

Andrew L. Kizer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (705) 967-2092
Date Signature Number