

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

CORPORATION
ANNUAL REPORT
1995

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

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P94000005005**
1. Corporation Name

CAPSTONE CAPITAL OF CAPE CORAL, INC.
Principal Place of Business Mailing Address

**1000 URBAN CENTER PKWY
BIRMINGHAM, AL 35242**
2. Principal Place of Business

**1000 URBAN CENTER PKWY
BIRMINGHAM, AL 35242**
2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 **SUITE 630**
City & State

27 **SUITE 630**
City & State

23 Zip Country

28 Zip Country

24 25

29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/13/94

05/95

4. FEI Number

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 ☒

8. Name and Address of Current Registered Agent

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCROBERTS, JOHN W
STREET ADDRESS 1000 URBAN CTR PKWY BHAM AL 35242
CITY - ST - ZIP

TITLE VSTD
NAME KIZER, ANDREW L
STREET ADDRESS 1000 URBAN CTR PKWY BHAM AL 35242
CITY - ST - ZIP

TITLE VD
NAME HARLAN, WILLIAM C
STREET ADDRESS 1000 URBAN CTR PKWY BHAM AL 35242
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE CD
12 NAME SCRUSHY, RICHARD M ☐ Change ☒ Addition
13 STREET ADDRESS 2 PERIMETER PARK S, BHAM AL 35242
14 CITY - ST - ZIP

21 TITLE D
22 NAME MARTIN, MICHAEL D ☐ Change ☒ Addition
23 STREET ADDRESS 2 PERIMETER PARK S, BHAM AL 35242
24 CITY - ST - ZIP

31 TITLE
32 NAME ☐ Change ☐ Addition
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME ☐ Change ☐ Addition
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME ☐ Change ☐ Addition
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME ☐ Change ☐ Addition
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #