

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J47636 (2)
1. Corporation Name
CAPITAL INCOME PROPERTIES, INC.



Principal Place of Business
1708 METROPOLITAN BOULEVARD
TALLAHASSEE FL 32308

Mailing Address
1708 METROPOLITAN BOULEVARD
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1986

4. FEI Number
59-2747420

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GRIMSLEY, GEORGE F.
1708 METROPOLITAN BOULEVARD
TALLAHASSEE FL 32308

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 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 CARTEE, GRAY I.
STREET ADDRESS 2805 NOBLE DR.
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE VPD
NAME BOUTIN, RICHARD JR.
STREET ADDRESS 1637 FERNANDO DRIVE
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE SD
NAME BROWN, J.P.
STREET ADDRESS 219 WESTRIDGE DRIVE
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE TD
NAME GRIMSLEY, GEORGE
STREET ADDRESS 1708 METROPOLITAN BLVD
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D
NAME WADILL, BEN
STREET ADDRESS 1708 METROPOLITAN BLVD
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D
NAME MURRAY, E. EDWARD JR.
STREET ADDRESS 1001 THOMASVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 registered agent 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.

CR2E034 (10/97)