2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 23, 2009
Secretary of State

DOCUMENT# P08000095972

Entity Name: CAPPS INVESTMENT COMPANY OF NORTH FLORIDA, INC.

Current Principal Place of Business:

85101 COMMERCIAL PARK DR
YULEE, FL 32097

New Principal Place of Business:

85101 COMMERCIAL PARK DR
YULEE, FL 32097 US

Current Mailing Address:

85101 COMMERCIAL PARK DR
YULEE, FL 32097

New Mailing Address:

85101 COMMERCIAL PARK DR
YULEE, FL 32097 US

FEI Number: 26-3596946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD
SUITE 504
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CAPPS, DAVID M
Address: 85101 COMMERCIAL PARK DR
City-St-Zip: YULEE, FL 32097

Title: DS ( ) Delete
Name: CAPPS, CAROLYN S
Address: 85101 COMMERCIAL PARK DR
City-St-Zip: YULEE, FL 32097

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change ( ) Addition
Name: CAPPS, CAROLYN S
Address: 85101 COMMERCIAL PARK DR
City-St-Zip: YULEE, FL 32097

Title: V ( ) Change (X) Addition
Name: ADAMS, III, ARTHUR A
Address: 85101 COMMERCIAL PARK DR
City-St-Zip: YULEE, FL 32097

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. CAPPS P 09/23/2009

Electronic Signature of Signing Officer or Director — Date