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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 12:15

DOCUMENT # **P33929** **(1)**

1. Corporation Name

CAPITOL DESIGN GROUP, INC.

Principal Place of Business	Mailing Address
ONE SAN JOSE PLACE, SUITE #11 JACKSONVILLE FL 32257	ONE SAN JOSE PLACE, SUITE #11 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1991	3a. Date of Last Report: 04/14/1994
4. FEI Number: 62-1364371	☐ 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	2a. Mailing Address
21 11330-7 St. Johns	26 11330-7 St. Johns
Suite, Apt. #, etc. 22 Industrial Parkway	Suite, Apt. #, etc. 27 Industrial Parkway
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32246-6673 25 USA	Zip / Country 29 32246-6673 30 USA

9. Name and Address of Current Registered Agent

PITTS, JACK
ONE SAN JOSE PLACE, SUITE #11
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
11330-7 St. Johns Industrial Parkway

83

84 City Jacksonville, FL 85 Zip Code 32246-6673

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	11 TITLE		☒ Change ☐ Addition
NAME	PITTS, JACK	12 NAME		
STREET ADDRESS	11075 PEPPERMILL LANE	13 STREET ADDRESS	1901 Sevilla Blvd. West	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Atlantic Beach, FL 32233	
TITLE	SD	21 TITLE		☒ Change ☐ Addition
NAME	PITTS, CAROL A.	22 NAME		
STREET ADDRESS	11075 PEPPERMILL LANE	23 STREET ADDRESS	1901 Sevilla Blvd. West	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Atlantic Beach, FL 32233	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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 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 if changed, or on an attachment with an address.

SIGNATURE: Carol A Pitts Carol A. Pitts 904-646-1973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

000190I CP