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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000006983 (8)**

1. Corporation Name
CAPITAL FIRST HOLDINGS, INC.

Principal Place of Business
**7118 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312**

Mailing Address
**7118 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312-9642**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/28/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3285529

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

**CONNER, MARK A
7118 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312**

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 of 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** ☐ DELETE
NAME **CONNER, MARK A**
STREET ADDRESS **7118 BEECH RIDGE TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ~~**VP**~~ ☒ DELETE
NAME ~~**CONNER, ALBERT J JR**~~
STREET ADDRESS ~~**7118 BEECH RIDGE TRAIL**~~
CITY-ST-ZIP ~~**TALLAHASSEE FL 32312**~~

TITLE **V** ☐ DELETE
NAME **HEIDENREICH, JAMES F**
STREET ADDRESS **7118 BEECH RIDGE TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **SD** ☐ DELETE
NAME **DECHMAN, ANNE F**
STREET ADDRESS **7118 BEECH RIDGE TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ~~**T**~~ ☒ DELETE
NAME ~~**KEEGAN, THERESE M**~~
STREET ADDRESS ~~**7118 BEECH RIDGE TRAIL**~~
CITY-ST-ZIP ~~**TALLAHASSEE FL 32312**~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **James A. Preiss**
5.3 STREET ADDRESS **7118 Beech Ridg Trail**
5.4 CITY-ST-ZIP **Tallahassee, FL 32312**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

Mark A. Conner, Pres.

3/12/97

(904)668-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0048932

CR2E034 (9/96)