FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 14 1996 8:00 am
Secretary of State

DOCUMENT # **P95000055756 (7)**

1. Corporation Name
CAPITAL CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
1724 GOLF TERRACE TALLAHASSEE FL 32301	1724 GOLF TERRACE TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 07/19/1995
3a. Date of Last Report:

2. Principal Place of Business: 21 512 N. Calhoun St.
Suite, Apt. #, etc. 22
City & State: 23 Tallahassee, FL
Zip: 24 32301 Country: 25 Leon

2a. Mailing Address: 26 512 N. Calhoun St.
Suite, Apt. #, etc. 27
City & State: 28 Tallahassee, FL
Zip: 29 32301 Country: 30 Leon

4. FEI Number: 59-3338105 ☐ 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

9. **Name and Address of Current Registered Agent**

LEVINE, MARK S
245 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☑ Addition
NAME	R. Lowell McDonald		1.2 NAME	
STREET ADDRESS	512 N. Calhoun Street		1.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301		1.4 CITY-ST-ZIP	
TITLE	Sr. Vice President	☐ DELETE	2.1 TITLE	☐ Change ☑ Addition
NAME	Sherry Lange		2.2 NAME	
STREET ADDRESS	512 N. Calhoun Street		2.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301		2.4 CITY-ST-ZIP	
TITLE	CEO	☐ DELETE	3.1 TITLE	☐ Change ☑ Addition
NAME	William Lange		3.2 NAME	
STREET ADDRESS	512 N. Calhoun Street		3.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 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: [signature] William Lange, 6/10/96 904-224-1914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)