# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2009**
**Secretary of State**

DOCUMENT# P95000089398

**Entity Name:** CAPITAL CITY BANC INVESTMENTS, INC.

**Current Principal Place of Business:**

217 NORTH MONROE STREET
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11248
C/O J KIMBROUGH DAVIS
TALLAHASSEE, FL 323023248 US

**New Mailing Address:**

**FEI Number: 59-3401484** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, J. KIMBROUGH
217 NORTH MONROE STREET
TALLAHASSEE, FL 32301 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MOORE, WILLIAM L JR.
Address: 217 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD ( ) Delete
Name: DAVIS, J. KIMBROUGH
Address: 217 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: BARRON, THOMAS A
Address: 217 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: CD ( ) Delete
Name: SMITH, WILLIAM G JR.
Address: 217 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MOOR, WILLIAM L JR.
Address: 217 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

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

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

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

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: J. KIMBROUGH DAVIS EVP 03/13/2009

Electronic Signature of Signing Officer or Director — Date