## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

SUITE B

26

4013 WOODVILLE HIGHWAY

TALLAHASSEE FL 32311-7439

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

4013 WOODVILLE HIGHWAY

2. Principal Place of Business

TALLAHASSEE FL 32301

Suite, Apt. #, etc.

SUITE B

21



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000092209 (1)

CAPITAL CITY MAILING, INC.

**FILED** Mar 05 1997 8:00am Secretary of State

3. Date Incorporated or Qualified 11/08/1996	3a. [	Date of Last Report
4. FEI Number 59-3409612		Applied For Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
8. This corporation has liability for Florida Statutes	intangib Yes	le tax under s. 199.032,

22 City & State City & State 23 28 Country Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BASS, ROBERT A C/O MYERS, FOREHAND AND FULLER 82 Street Address (P.O. Box Number is Not Acceptable) **402 OFFICE PLAZA DRIVE** 83 TALLAHASSEE FL 32301 84 City Zip Code 85 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. type diocurrent if notice of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE TITLE 1.1 DILE Change Addition HANSLI, DEBRA NAME 1.2 NAME STREET ADDERSS 1314 MOUNTBATTEN ROAD 1.3 STREET ADDRESS TALLAHASSEE FL 32301 CITY - \$1 - 74º 1.4 CITY - ST-ZIP THE DELETE 21 TITLE Change noitibhA MCCALLISTER, LEONARD NAM<sub>1</sub> 2.2 NAME 2304 ALDER RD. STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32303 CITY - ST - ZIP 2.4 CITY-ST-7IP DELETE 11116 3.1 TITLE ☐ Change Addition NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CHY-S1-785 3.4 CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAM? 4. 2 NAME STREET AUGUSTS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIF DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition

14. I do nereby 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 larman officer or director of the corporation or trid receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bl

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

STREET ADDRESS

DEBRA HANSLI 2 25/97

☐ Change