

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000043997**
 1. Corporation Name
CAPITAL CITY CORPORATION

Principal Place of Business Mailing Address

**17844-C Lake Carlton Dr.
Lutz, FL 33549**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 839 Keene Rd. N. Suite, Apt. #, etc. 22 Apt. B City & State 23 Clearwater, FL Zip 24 33755 Country 25 USA		2a. Mailing Address 26 839 Keene Rd. N. Suite, Apt. #, etc. 27 Apt. B City & State 28 Clearwater, FL Zip 29 33755 Country 30 USA		3. Date Incorporated or Qualified May 19, 1997	4. FEI Number 593450970	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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent

**Mary J. Weyrauch
17844-C Lake Carlton Dr.
Lutz, FL 33549**

10. Name and Address of New Registered Agent

81 Name **Daniel K. Schaffner**
 82 Street Address (P.O. Box Number is Not Acceptable)
839 Keene Road N.
 83 **Apt. B**
 84 City **Clearwater** FL 85 Zip Code **33755**

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 **Daniel K. Schaffner** *[Signature]* DATE **4/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	P.S. T&D
STREET ADDRESS		1.3 STREET ADDRESS	Daniel K Schaffner
CITY-ST-ZIP		1.4 CITY-ST-ZIP	839-B Keene Rd. N. Clearwater, FL 33755
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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*****150.00**

14. I 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98 (813) 447-4291

CR2E034 (10/97)