

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

DOCUMENT # **S12424** (5)  
1. Corporation Name  
**CAPITAL INVESTMENT GROUP, INC.**



Principal Place of Business

Mailing Address

**C/O R. TARY KETTLE  
928 FAIRWAY DR  
WINTER PARK FL 32792**

**C/O R. TARY KETTLE  
928 FAIRWAY DR  
WINTER PARK FL 32792**

3. Date Incorporated or Qualified  
**11/09/1990**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **215 East Central Blvd**

26 **215 East Central Blvd**

22 Suite, Apt. #, etc. **2nd Floor**

27 Suite, Apt. #, etc. **2nd Floor**

23 City & State **Orlando, FL**

28 City & State **Orlando, FL**

24 Zip **32801** 25 Country **USA**

29 Zip **32801** 30 Country **USA**

4. FEI Number  
**59-3040089**

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

10. Name and Address of New Registered Agent

**KETTLE, R. TARY  
928 FAIRWAY DR  
WINTER PARK FL 32792**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **215 East Central Blvd**  
83 **2nd Floor**  
84 City **Orlando** 85 State **FL** 86 Zip Code **32801**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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

*Robert Tary Kettle*

*Robert Tary Kettle*

*4/30/96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>KETTLE, R. TARY</b>	
STREET ADDRESS	<b>928 FAIRWAY DR</b>	
CITY - ST - ZIP	<b>WINTER PARK FL 32792</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	<b>215 East Central Blvd</b>
4. CITY - ST - ZIP	<b>Orlando, FL 32801</b>
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 supplement to an 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 I am listed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Tary Kettle*

*4/30/96*

CR2E034 (12/95)