

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 # **S89854** (1)
1. Corporation Name
CAPITAL COMMUNICATIONS OF AMERICA CORPORATION



Principal Place of Business
**1827 CAPITAL CIRCLE, N.E.
SUITE D
TALLAHASSEE FL 32308
US**

Mailing Address
**P.O. BOX 3375
TALLAHASSEE FL 32315
US**

2. Principal Place of Business
21 **2925 Brandemere Dr**
Suite, Apt. #, etc.
22
City & State
23 **Tallahassee FL**
Zip
24 **32312** 25 Country
26
City & State
27
Zip
28
Country
29
30

3. Date Incorporated or Qualified
10/25/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3099260

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

**BUCHANAN, JOHN D. JR.
HENRY, BUCHANAN, MICK & ENGLISH, P.A.
117 SOUTH GADSDEN 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

Signature of Agent or Director (if registered agent, also include title)

(If 201- Registered Agent, also include date of registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	RAY, GLENN L.	1827 CAPITAL CIRCLE, N.E., SUITE D	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
Ph.D.	RAY, Glenn L.	2925 Brandemere Dr	Tallahassee, FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5.1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn L. Ray

4/30/96

904-386-2188

CR2E034 (12/95)