


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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V08471 (7) 1. Corporation Name CAPITAL INVESTMENTS CORP. OF PANAMA CITY					
Principal Place of Business 227 WEST HARRISON STREET PANAMA CITY FL 32401			Mailing Address 227 WEST HARRISON STREET PANAMA CITY FL 32401		
2. Principal Place of Business 21 227 Harrison Avenue Suite, Apt. #, etc. 22 City & State 23 Panama City, FL Zip Country 24 32401 25 USA		2a. Mailing Address 26 227 Harrison Avenue Suite, Apt. #, etc. 27 City & State 28 Panama City, FL Zip Country 29 32401 30 USA		3. Date Incorporated or Qualified 01/23/1992	
				3a. Date of Last Report 04/16/1996	
		4. FEI Number 59-3106378		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent INGLES, JOHN S. 101 EAST KENNEDY BLVD. SUITE 2500 TAMPA FL 33602			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	JOHN W. DARRAH				
STREET ADDRESS	227 HARRISON AVENUE				
CITY-ST-ZIP	PANAMA CITY FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	WATERMAN, DAVID F				
STREET ADDRESS	227 HARRISON AVE.				
CITY-ST-ZIP	PANAMA CITY FL 32401				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MCNEESE, DALE				
STREET ADDRESS	227 WEST HARRISON STREET				
CITY-ST-ZIP	PANAMA CITY FL				
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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP	Panama City, FL 32401				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS	227 Harrison Ave.				
3.4 CITY-ST-ZIP	Panama City, FL 32401				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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:		John W. Darrah		1/10/97 904-784-3900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)