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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # V08

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CAPITAL INVESTMENTS CORP. OF PANAMA CITY

UAPITA	L INVESTMENTS CORP. O	F PANAMA CITT				
Principal Place	of Business	Mailing Address				DIN DIDIH DIDIK DIDIK DIDIN INDU
227 HARRISON AVENUE PANAMA CITY FL 32401		227 HARRISON AVENUE PANAMA CITY FL 32401		·		
US		US		DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualified 01/23/1992	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite Apt #, etc.		59-3106378	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the o	_ ·
24	25	29 30	0		Personal Property Tax due June 30.	∐ Yes ∐ No
	9. Name and Address of Curre	nt Hegistered Agent	B.	Name	10. Name and Address of New Registere	а жувит
	LES, JOHN S.		L.	1		
	EAST KENNEDY BLVD.		83	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	TE 2500 IPA FL 33602		83	3		
IZW	IFA FL 33002				,	
			84	City	F	L 85 Zip Code
office or re agent. I ar	o the provisions of S ections 607.050 egistered agent, or both, in the State in fami liar with, an d a ccept the oblig	e of Florida. Such change was aut	horized t	v the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE .	Signature, typed or printed name of registered ag	peol and this if applicable (NOTE: F	Registered A	gent signature requir	red when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 THILE			Change Addition
NAME	JOHN W. DARRAH		12 NAME			
STREET ADDRESS	227 HARRISON AVENUE PANAMA CITY FL			T ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE 211		ST-ZIP		Change Addition
NAME	WATERMAN, DAVID F		22 NAME			
STREET ADDRESS	227 HARRISON AVE.		1	T ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401		2. 4 CITY			
TITLE	D	☐ DELETE	3.1 TITLE			Change Addition
NAME	MCNEESE, DALE		3 2 NAME			
STREET ADDRESS	227 HARRISON AVE		3 3 STREE	T ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	T atitie	3.4. CITY	ST-ZIP		[] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] () [] ()
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NAME			4. 2 NAM			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - 5.1 TITLE	SI-ZIP		Change Addition
TITLE NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE 6.1 N				☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY ST. 7IP		7 /	6.4 CITY-	ST - ZIP		
14. I hereby c	ertily that the information supplied v	vith this filing does not qualify for the	the exem	ption stated in	Section 119.07(3)(i), Florida Statutes. I further tre shall have the same legal effect as if made uired by Chapter 607, Florida Statutes; and tha	certify that the information under oath; that I am an
officer or of Block 12 of	director of the corporation of t	erver or trustee empowered to ex-	ecute this	report as requ	uired by Chapter 607, Florida Statutes; and tha	it my name appears in

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FILED

Jan 20 1998 8:00am

Secretary of State