

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V08471**

1. Entity Name  
**CAPITAL INVESTMENTS CORP. OF PANAMA CITY**

FILED

02 NOV 12 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE

|   |         |   |         |
|---|---------|---|---------|
| Principal Place of Business<br><b>227 HARRISON AVENUE<br/>PANAMA CITY FL 32401<br/>US</b> |         | Mailing Address<br><b>227 HARRISON AVENUE<br/>PANAMA CITY FL 32401<br/>US</b> |         |
| 2. Principal Place of Business<br><b>223 E. BEACH DRIVE</b><br>Suite, Apt. #, etc.        |         | 3. Mailing Address<br><b>223 E. BEACH DRIVE</b><br>Suite, Apt. #, etc.        |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3106378</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

6. Name and Address of Current Registered Agent

**INGLES, JOHN S.  
101 EAST KENNEDY BLVD.  
SUITE 2500  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name: **JOHN W. DARRAH**  
Street Address (P.O. Box Number is Not Acceptable): **223 E. BEACH DRIVE**  
City: **PANAMA CITY** FL Zip Code: **32401**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: **10/6/02**

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>JOHN W. DARRAH</b><br><b>227 HARRISON AVENUE</b><br><b>PANAMA CITY FL</b>        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>WATERMAN, DAVID F</b><br><b>227 HARRISON AVE.</b><br><b>PANAMA CITY FL 32401</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MCNEESE, DALE</b><br><b>227 HARRISON AVE</b><br><b>PANAMA CITY FL</b>            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>100008632811</b><br><b>10/28/02--01110--006 **750.00</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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

DATE: **10/23/02** **850-784-3900**

CR2E034 (4/02)