## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125102

Entity Name: FLORIDA CAPITAL GROUP, INC.

**Current Principal Place of Business:** 

10151 DEERWOOD PARK BLVD. BLDG. 100, SUITE 200A JACKSONVILLE, FL 32256

**Current Mailing Address:** 

10151 DEERWOOD PARK BLVD. BLDG. 100, SUITE 200A JACKSONVILLE, FL 32256 US

FEI Number: 33-1032726 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CULPEPPER, BRUCE ESQ 101 EAST KENNEDY BLVD STE 2300

TAMPA, FL 33602 US

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.

SIGNATURE: BRUCE CULPEPPER 01/09/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title D

Name CULPEPPER, BRUCE P Name DOSTIE, RICHARD R

Address 106 E COLLEGE AVE, SUITE 2300 Address 9301 OLD KINGS ROAD SOUTH

City-State-Zip: TALLAHASSEE FL 33602 City-State-Zip: JACKSONVILLE FL 32257

Title PD Title D

Name JONES, MALCOLM J JR Name KRUSEN, ANDREW W JR

Address 10151 DEERWOOD PARK BLVD Address 712 SOUTH OREGON AVE, SUITE 200

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: TAMPA FL 33606

Title VP

Name VENTRONE, BOB

Address 10151 DEERWOOD PARK BLVD.

BLDG. 100, SUITE 410

City-State-Zip: JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE CULPEPPER

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

01/09/2017

FILED Jan 09, 2017

**Secretary of State** 

CC6098030952

Date