

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000125465

**Entity Name:** CAPITAL CITY INC.

**Current Principal Place of Business:**

2737 SOUTH ALDER STREET  
PHILADELPHIA, PA 19148

**Current Mailing Address:**

2737 SOUTH ALDER STREET  
PHILADELPHIA, PA 19148

**FEI Number:** 20-3596664

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GALLELLI, PASQUALE  
Address 2737 SOUTH ALDER STREET  
City-State-Zip: PHILADELPHIA PA 19148

Title VP  
Name WILLIAMS, RICHARD  
Address PO BOX 532  
City-State-Zip: BLACKWOOD NJ 08012

*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:** RICHARD WILLIAMS

VP

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date