

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 17 PM 2:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F72672 (1)

1. Corporation Name

CAPT. DAVIS QUEEN FLEET, INC.

Principal Place of Business

**% JOE ED DAVIS
5109 NORTH LAGOON DRIVE
PANAMA CITY BEACH FL 32408**

Mailing Address

**% JOE ED DAVIS
5109 NORTH LAGOON DRIVE
PANAMA CITY BEACH FL 32408**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/18/1982

3a. Date of Last Report
04/08/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

29. Zip

30. Country

4. FBI Number
59-2165844

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**DAVIS, JOE ED
5109 N. LAGOON DRIVE
PANAMA CITY BEACH FL 32408**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, JOE
STREET ADDRESS	5109 NORTH LAGOON DR.
CITY - ST - ZIP	PANAMA CITY BEACH FL
TITLE	S
NAME	DAVIS, BONNIE
STREET ADDRESS	5109 NORTH LAGOON DR.
CITY - ST - ZIP	PANAMA CITY BCH. FL
TITLE	VD
NAME	DAVIS, GROVER
STREET ADDRESS	5109 N LAGOON DRIVE
CITY - ST - ZIP	PANAMA CITY, FL 00000
TITLE	I
NAME	DAVIS, JUDY
STREET ADDRESS	5109 N LAGOON DRIVE
CITY - ST - ZIP	PANAMA CITY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an amendment with an address.

SIGNATURE:

Joe Ed Davis

Joe Ed Davis 4/13/95 904 235 1067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #