

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

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F 72672 (1)**
1. Corporation Name
Capt Davis Queen Fleet Finc

Principal Place of Business Mailing Address
**40 Joe Ed Davis
2843 Longleaf Road
Panama City FL 32405**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country 30.

3. Date Incorporated or Qualified **3/18/1982** 3a. Date of Last Report **4/24/1994**
4. FEI 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
2843 Longleaf Road
Panama City, Fla 32405**

10. Name and Address of New Registered Agent
81 Name **Davis Bonnie J**
82 Street Address (P.O. Box Number is Not Acceptable) **2843 Longleaf Road**
83 **Panama City**
84 City **FL 85 Zip Code **32405****

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 and family and accept the obligations of Section 607.0505, Florida Statutes.
SIGNATURE **Bonnie J Davis** **BONNIE J DAVIS** **3/24/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PP	Joe Ed Davis	<input type="checkbox"/> DELETE
NAME		2843 Longleaf Road	
STREET ADDRESS		Panama City FL 32405	
CITY-ST-ZIP			
TITLE	S	Bonnie Davis	<input type="checkbox"/> DELETE
NAME		2843 Longleaf Road	
STREET ADDRESS		Panama City FL 32405	
CITY-ST-ZIP			
TITLE	VO	GROVER DAVIS	<input type="checkbox"/> DELETE
NAME		2843 Longleaf Road	
STREET ADDRESS		Panama City FL 32405	
CITY-ST-ZIP			
TITLE	A	JOEY DAVIS	<input type="checkbox"/> DELETE
NAME		2843 Longleaf Road	
STREET ADDRESS		Panama City FL 32405	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	400002127814
53 STREET ADDRESS	-03/28/97--01139--020
54 CITY-ST-ZIP	***165.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 contained 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: **Joe Ed Davis** **3/14/97** **904 747 0057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)