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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CAPT. DAVIS QUEEN FLEET, INC.

(1)

Apr 07 1998 8:00am Secretary of State

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**FILED** 

| Principal Place of Business  | Mailing Address  | DO NOT WRITE IN THIS SPACE        |  |  |
|--|--|-----------------------------------|--|--|
| % JOE ED DAVIS<br>2843 LONGLEAF ROAD<br>PANAMA CITY BEACH FL 32405 | % JOE ED DAVIS<br>2843 LONGLEAF ROAD<br>PANAMA CITY BEACH FL 32405 |                                   |  |  |
|  |  | 3. Date Incorporated or Qualified |  |  |
|  |  | 03/18/1982                        |  |  |

| 2. Principal P  | Place of Business  | 2a. Mailing Address           | 2a. Mailing Address                   |   | 4. FEI Number   | Applied For            |  |
|---|--|-------------------------------|---------------------------------------|---|---|------------------------|--|
| 21  | 1 26   |                               |                                       |   | 59-2165844  | Not Applicable         |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |                               |                                       |   | \$8.75 Additional   |                        |  |
| 22  |  | 27                            |                                       |   | 5. Certificate of Status Desired                                | Fee Required           |  |
| City & Stat   | θ  | City & State                  | · · · · · · · · · · · · · · · · · · · |   | 6. Election Campaign Financing                                  | \$5.00 May Be          |  |
| 23  |  | 28                            |                                       |   | Trust Fund Contribution   | Added to Fees          |  |
| Zip   | Country  | Zip                           | Country                               | 7   | 8. This corporation owes or has paid the cur-                   | rent vear Intanoible   |  |
| 24  | 25   | 29                            | 30                                    |   |   | Yes No                 |  |
|   |  |                               |                                       |   | 10. Name and Address of New Registered                          | Agent                  |  |
| DAVIS, BONNIE J.  |  |                               | 81                                    | Name  |   |                        |  |
| 2843 LONGLEAF ROAD  |  |                               | 92                                    | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                        |  |
| PANAMA CITY FL 32405  |  |                               | 102                                   | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                        |  |
|   |  | 83                            | 83                                    |   |   |                        |  |
|   |  |                               | 84                                    |   |   |                        |  |
|   |  |                               |                                       | City  | FL  | 85 Zip Code            |  |
| 11. Pursuant to the provisions of Spotions 607 0502 and 607 1508. Florida Statutes, the above named cornection submits this statement for the pursuant for the |  |                               |                                       |   |   |                        |  |
| I office of r   | egistered agent, or both, in the State on familiar with, and accept the obligation | of Florida. Such change was   | authorized by                         | v the corrx   | pration's board of directors. I hereby accept the appropriation | ointment as registered |  |
| Ì   | m tamilar with, and accept the bulgar  | nons of, Section 607.0505, Fi | ionoa Statute:                        | S.  |   |                        |  |
| SIGNATURE   | Signature, typed or printed name of registered agent                               | and title if applicable (NO)  | TF: Registered Age                    | ent eignature n                                       | equired when reinstating) DATE                                  |                        |  |
| 12.   | OFFICERS AND   |                               | 13.                                   | on ognado n   | ADDITIONS/CHANGES TO OFFICERS AND                               | DIRECTORS IN 12        |  |
| TITLE   | PD   | DELETE                        | 1.1 TITLE                             | T   | NOOTH ON THE CONTROL OF THE CANADA                              | Change Addition        |  |
| NAME  | DAVIS, JOE   |                               | 1.2 NAME                              |   |   | vilouter               |  |
| STREET ADDRESS  | AAAA AAAAA BAR BB  |                               |                                       | ADDRESS   |   |                        |  |
| CITY-ST-ZIP PANAMA CITY BEACH FL 32405  |  |                               |                                       |   |   |                        |  |
| TITLE   | 8  | DELETE                        | 1.4 CITY - S<br>2.1 TITLE             | 11-ZIP  | , , , , , , , , , , , , , , , , , , ,                           | Change Addition        |  |
| NAME  | DAVIS, BONNIE  | , J                           | 2.2 NAME                              |   |   |                        |  |
| STREET ADDRESS  |  |                               |                                       | 4000000   |   | Ì                      |  |
| CITY-ST-ZIP   | SAMELIA OFFICE POLICE  |                               | 2.3 STREET                            |   |   |                        |  |
| TITLE   | VD   | DELETE                        | 2.4 CHY-3<br>3.1 THLE                 | 51-2#   |   | Change Addition        |  |
| NAME  | DAVIS, GROVER  | L. Octob                      | 3.2 NAME                              |   |   | C Auguste C Woosigu    |  |
| STREET ADORESS  | 2843 LONGLEAF RD   |                               |                                       | I DARKAS  |   |                        |  |
| CITY-ST-ZIP   | PANAMA CITY FL 32405   |                               | 3.3 STREET                            |   |   | 1                      |  |
| TITLE   | T TOTAL OIL I E UETUS  | DELETE                        | 3.4. CITY-5                           | ST-ZIP  |   | Change Addition        |  |
| NAME  | DAVIS, JUDY  | □ DECERE                      | 1                                     | 1   |   | L CHANGE LI AGOITON    |  |
|   | 2843 LONGLEAF RD   |                               | 4.2 NAME                              |   |   |                        |  |
| STREET ADDRESS  | PANAMA CITY BEACH FL 324   | ΛE .                          | 4.3 STREET                            |   |   |                        |  |
| CITY-ST-ZIP   | FARAMA CITT DEACH PL 324   |                               | 4.4 CITY - S                          | T-ZIP   |   |                        |  |
| TITLE   |  | DELETE                        | 5.1 TITLE                             |   |   | Change Addition        |  |
| NAME  |  |                               | 5.2 NAME                              |   |   | -                      |  |
| STREET ADDRESS  |  |                               | 5.3 STREET                            | ADDRESS [   |   |                        |  |
| CITY-ST-ZIP   | ***  |                               | 54 CITY-S                             | T-ZIP   |   |                        |  |
| TITLE   |  | ☐ DELETE                      | 6.1 TITLE                             |   |   | Change Addition        |  |
| NAME  |  |                               | 6.2 NAME                              |   |   |                        |  |
| STREET ADDRESS  | *  |                               | 6.3 STREET                            | ADDRESS   |   | ŀ                      |  |

6.4 CITY - ST - ZIP 14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.