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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000004862 (4)

CAPT. EDDIE, INC.

FILED Feb 28 1997 8:00am Secretary of State

	 	

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Principal Ptac		Mailing Address	_	f CE bere bis ein barin deitif deite naber dater beim aber bate beite anten mer iner iner		
NEW PORT RIC	CHEY FL 34655	X6182X OLDIGATE X5140X65X NEW PORT RICHEY FL 34655-3643				
1436 H	oversham Drive	1436 Hovers	sham Drive		. Date of Last Report	
A D	January of Designation	1 As Mallian Adda		01/11/1996 4. FEI Number		
···	lace of Business	2a. Mailing Address		59-3355279	Applied For Not Applicable	
21 Suite, Apt.	#. etc	Suite, Apt. #, etc.			\$8,75 Additional	
22	PARTY 2.1	27 City & State		5. Certificate of Status Desired	Fee Required	
City & Stat		28 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zipi	Country	Zip	Country	8. This corporation has liability for intang		
24	25	29	30		No No	
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	red Agent	
	ter, huberrt e jr.		81 Name			
	A COLOGATE CHICKEN 1436	Hoversham Di	rive 82 Street	Address (P.O. Box Number is Not Acceptable)		
NEV	PORT RICHEY FL 34655				·	
			63			
			84 City		85 Zip Code	
					FL S ZP COO	
SIGNATURE	Signature typed or ponted name of registered a OFFICERS A	agent and title if applicable. (F	NOTE: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
HTLF	PT	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME	POTTER, HUBERT E JR.		1.2 NAME			
SUREET ADDRESS	1892X BADIGATEXCHRONEX 1	436 Hovershar				
C(1Y-S1-ZIF	NEW PORT RICHEY FL 3485		1.4 City-St-ZIP			
1(fl.E	VS	DELETE	2.1 TITLE		Change Addition	
NAME	POTTER, JULIE ANN		2.2 NAME			
STREET ADDRESS	16927 DADGATEXCHROLEX 1	436 Hovershar	n Drzisyrie address			
C11Y - S1 - 7IP	NEW PORT RICHEY FL 3465	i5	2.4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY+ST-ZIP	,		3.4. CITY-ST-ZIP			
TITLE		☐ DELETÉ	4.1 TITLE		☐ Change ☐ Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
City-S*-70			4.4 CHTY-ST-ZIP			
TITLE		☐ DELETÉ	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		Dr. eve	5.4 CITY-ST-ZIP		Channe I 1 1 2000	
THILE		DELETE	6.1 TITLE	1.5	Change Addition	
NAME			6.2 NAME	·	·	
STREEL ADDRESS			6.3 STREET ADDRESS	• •		
CITY - ST - ZIP	<u> </u>		6.4 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 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 changed, or on an attachment with an address.

KT E. Potter In. 2-25.97