Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90082 002 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600004862

1. Corporation Name

CAPT, EDDIE, INC.

Principal Place of Business Mailing Ad			ddress						. 2	
1436 HOVERSHAM DR NEW PORT RICHEY FL 34655 US		1436 HOVERSHAM DR								
		NEW PORT RICHET FI	NEW PORT RICHEY FL 34655				DO NOT WRITE IN THIS SPACE			
		50			3. Date ncorporated or Qualifed					
						01/11/1996				
2. Princip al P	face of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	plied For	
21		26				5 9- 3355279	<u></u> .	N	ct Applicable	
Suite, /vpt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Sta		* · · -	Additional	
22		27				J. Certifizate of ote	atus Desired	Fee R	equired	
City & State		City & State			6. Election Campa	ign Financing		May Be		
23		28				Trust Fund Con		Added	to Fees	
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intancible				
24	25	29	30			Personal Prope		_Yes	_ No	
	9. Name and Address of Curre	ent Registered Agent		81	Maria	10. Name and Add	dress of New Registe	raa Agent		
ОΩТ	TER, HUBERRT E JR.			0'	Name				j	
	B HOVERSHAM DR			82 Street Address (P.O. Box Number is Not Accepta			r is Not Acceptable)			
	V PORT RICHEY FL 34655			83						
MEA	FUNI RICHET FL 34000								į	
				84	City			85 Zip	Code	
office or I	to the provisions of Sections 607.05 registered agent, or both, in the State	e of Florida. Such change w	as authorized	1 bv t	-named or he corpor	rporation submits this sta ition's board of directors.	atement for the purpos . I hereby accept the a	se of changing its ippointment as ri	s registered (
agent. La	im familiar with, and accept the oblig	ations of Section 607.0505	Fiorida State	utes.		100	,,			
SIGNATURE	XXX, dert E. 19	Kiles II	7/2) <u>. </u>	_4	-21-45 <u> </u>				
<u> </u>	Signature, typed or printed its me of registered ag		-	Agent	signature req	ired when reinstating)	DAT		ODE IN 12	
12.		NI) DIRECTORS	13.			ADDITIOUS/CH/	ANGES TO OFFICER	Change	Addition	
TITLE	PT COTTED LINDEDT C ID	CT DECEN			j			□ Outside		
NAME	POTTER, HUBERT E JR.		1.2 NA							
STREET ADDRESS	1		1		ADDRESS				{	
CITY-ST-ZIP	NEW PORT RICHEY FL.			14 CITY-ST-ZIP				Change	Addition	
TITLE	VS	□ DECE !!						Change	Addition	
NAME	POTTER, JULIE ANN									
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY FL			ITY-ST	-ZIP			Change	[Addition	
TITLE		☐ DELETI						☐ Change	☐ Addition	
NAME			3.2 N		[
STREET ADDRESS]		1		ADDRESS					
CITY-ST-ZIP		C1 pc: c1:		ITY-ST	-ZIP			Change	Addition	
TITLE		☐ DELETI			1			Change	L. Addison	
NAME			4 2 N	AME						
STREET ADDRE ;S			4.3 ST	REET	ADDRESS				ļ	
CITY-ST-ZIP				TY-ST-	ZIP			- Chance	□ Addition	
TITLE		☐ DELETI			İ			Change	☐ Addition	
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				TY-ST-	ZIP			- - 		
TITLE		☐ DELETI			-			Change	☐ Addition	
NAME			6.2 NA		İ					
STREET ADDRESS	1		6.3 \$7	REET	ADDRESS				1	

14. hereby certify that the information supplied with this filling 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP