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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000072560** (1)

CAPTAIN KIRK'S STONE CAPTAIN KIRK'S STONE CAPTAIN FRANCISCOPE CAPTAIN	Mailing Address 911 10TH ST S NAPLES FL 34102-8235				
			3. Date Incorporated or Qualified 08/27/1996	3a. Date of Last Re	eport
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	I IAN	plied For
	26		65-0689	424 No	t Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
	27			Fee Re	
City & State	City & State		6. Election Campaign Financing	\$5.00	
Zip Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for		
25	29	30		Tritarigible lax dilders. ☐ Yes ☐ No	189.032,
9. Name and Address	s of Current Registered Agent		10. Name and Address of New Re		
WOOD, DOUGLAS A		81 Name			
1000 N TAMIAMI TRAIL		82 Street Add	Iress (P.O. Box Number is Not Acceptate	ole)	
SUITE 201					
NAPLES FL 33940		83			
		84 City		85 Zip (Code
				FL C	
 Pursuant to the provisions of Section 	ons 607.0502 and 607.1508, Florida St a	atutes, the above-named cor	poration submits this statement for the p	ourpose of changing its	s registered
office or registered agent, or both, i	in the State of Florida. Such change wa	as authorized by the corpora	ition's board of directors. I hereby acces	ot the appointment as	registered
office or registered agent, or both, a agent. I am familiar with, and accep	in the State of Florida. Such change wa pt the obligations of, Section 607.0505,	as authorized by the corpora Florida Statutes	poration submits this statement for the partition's board of directors. I hereby acception	pt the appointment as	registered
SIGNATURE					registered
IGNATURE Stpoalure, fyriad or printed name or	of regressived agent and title if applicable (NOTE: Registered Agent signature requ	ired when reinsleting)	DATE	
IGNATURE Signature, typind or printed name of				DATE	IS IN 12
IGNATURE Stiphalors, Syand or printed name of 2. OFF ILE D	fregissered agent and intellif applicable (FICERS AND DIRECTORS	NOTE: Registered Agent signature requ	ired when reinsleting)	DATE CERS AND DIRECTOR	IS IN 12
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