FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00	FIL	E	NOW:	FILING	FEE	<b>AFTER</b>	MAY 1	IS	\$225.00
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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # 48428	1 (1)					
CAPT.	DAVE'S RESTAURANT, IN	C.					
Principal Place	of Business	Mailing Address		······································			
SOUTH SIDE	OF HIGHWAY 98	SOUTH SIDE OF HIGH	HWAY 98				
DESTIN FL 3	2541	PO BOX 386	U CI 00540				
		FORT WALTON BEAC US	n FL 32549		3. Date Incorporated or Qualified	3a. Date of Last Rep	i
2. Principal Pla	nce of Business	2a. Mailing Address			09/01/1975 4. FEI Number	05/01/1995	
21		26			59-1672630	<b></b> +	plied For of Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 A	
		27				Fee Re	quired
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country	7 <sub>(p</sub>	Count	ry	8. This corporation has liability for	intensible tax under s. 19	
24	25	29	30	•		No C	J.5.652,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	legistered Agent	
	<b></b>		8	1 Name			
	I, DAVID GRANT JR		Ē	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
	.HOUN AVE. FL 32541		l i	3			
DESTIN	FL 02041						
			8	4 City		FL 85 Zip C	Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such changé was authoriz	ed by the col	named corpor rporation's boa	oration submits this statement for the pur and of directors. I hereby accept the appe		istered office gent. I am
SIGNATURE _	Signature, typed or printed number of registered agent	and trie if applicable (NC	Tr. Boarstered Ac	unt signature requir	ed when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF		3 IN 12
TITLE	DP	DELETE	1. 1 TiTL	F		Change [	Addition
NAME	MARLER, DAVID GRANT		1.2 NAM				}
STREET ADDRESS	HIGHWAY 98 SOUTH DESTIN FL 32541		1	ET ADDRESS			
CITY-ST-ZIP TITLE	DS DS	[] DELETE	1.4 CHY 2 1 Titu			☐ Change [	Addition
NAME	MARLER, HELEN JANE		22 NAM			∟ Ghangs [	
STREET ADDRESS	BEACH DRIVE			ET ADDRESS			
CITY-ST-ZIP	DESTIN FL		2.4 CITY	- S1 - ZIP			
TITLE		DELETE	3 1 TITU	F		Change [	Addition
NAME			3 2 NAM	1			-
STREET ADDRESS				ET ADDRESS			
TITLE		DELETE	3.4 CITY:			Change I	Addiso
NAME		L  Otter	4.1 MAM			☐ Change	Addition
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	1			
TITLE		[]] DELETE	5 17111			[] Change [	Addition
NAME			5.2 NAME	:			
STREET ADDRESS			53 STREE	ET ADDRESS			
CITY-ST-ZIP		Fin believe	5.4 City-	· · · · · · · · · · · · · · · · · · ·			
TITLE		DELFTE	6 1 1111			Change [	Addition
NAME STREET ADDRESS			6.2 NAME				
CITY-ST-ZIP			1	E1 ADDRESS			
	cortify that the information supplied v	with this filing is voluntarily furn	64 CPY- ished and do		for the exemption stated in Section 119.	07/31/k) Florida Statutos	Lfurther

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 truetee 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 of an attachment with an adviress.

SIGNATURE:

SMATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-30-96

837-6357

CR2E034 (12/95)