

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
1995 MAY -1 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 593942 (6)**

1. Corporation Name  
**WILLIAMS CAPRI MARINE, INC.**

Principal Place of Business Mailing Address  
**250 CAPRI BLVD. 250 CAPRI BLVD.  
NAPLES FL 33962 NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/21/1978** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-1868310** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**WILLIAMS, EDWIN MCB.  
250 CAPRI BLVD.  
NAPLES, FL ABW 33962**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	WILLIAMS, EDWIN MCB.
STREET ADDRESS	1046 NELSON'S WALK
CITY - ST - ZIP	NAPLES FL
TITLE	VS
NAME	WILLIAMS, SHIRLEY K.
STREET ADDRESS	1046 NELSON'S WALK
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP
2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP
3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP
4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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5 3 STREET ADDRESS
5 4 CITY - ST - ZIP
6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

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\*\*\*\*225.00 \*\*\*\*225.00

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5-1-95

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), Florida Statutes. I further certify that the information indicated in the 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 as an attachment with an address.

SIGNATURE: *Edwin MCB Williams* 5/10/95 (25)394-6443  
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR