SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)DOCUMENT # 673731 CAPTAINS INC. Mailing Address Principal Place of Business 1306 28TH AVE NORTH 1306 28TH AVE NORTH P O BOX 641 P O BOX 641 NAPLES FL 33939 3. Date Incorporated or Qualified 3a. Date of Last Report NAPLES FL 33939 06/16/1980 07/20/1995 Applied For 4 EEL Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2010147 26 21 \$8.75 Additional Suite Apt #, etc 5. Certificate of Status Desired  $\Box$ Suite Ant. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country 🗋 Yes 🔀 No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ABBOTT, CHARLES MORGAN Street Address (P.O. Box Number is Not Acceptable) 82 1306 28TH AVE. NORTH P.O. BOX 641 83 NAPLES FL 33939 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DAI'E (NOTE Registered Agent signature required when reinstating) SIGNATURE Signature, typed or premed name of registered agent and title if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 L TITLE TITLE 1.2 NAME ABBOTT, CHARLES MORGAN NAME 13 STREET ADDRESS 1306 28TH AVE. NORTH STREET ADDRESS 14 CITY - ST - ZIP NAPLES FL CITY-ST-ZIP Change Addition DELETE 21 Title TITLE 2 2 NAME ABBOTT, LINDA NAME 2.3 STREET ADDRESS 1306 28TH AVE. NORTH STREET ADDRESS 2 4 CITY - ST - ZIP NAPLES FL CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST-ZIP CHTY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 5 1 TITLE TITLE 5.2 NAME NAME 53 STREET ADORESS STREET ADDRESS 54 CITY - ST-ZIP Change Addition CITY-ST-ZIP DELETE 617111.6 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 1 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 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 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 further certify that the information supplied with this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if 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 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 6 4 CITY - ST - ZIP

SIGNATURE:

6-1-56 941-649-6565

CR2E034