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

FILED **PROFIT** Apr 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name (4)681609 CAPTAIN WILLIAMS' ENTERPRISES, INC. Principal Place of Business Mailing Address 1711 THOMAS DRIVE 1711 THOMAS DRIVE PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1980 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For SAME AS SAME AS ABOVE 59-2007984 ABOVE Not Applicable Suite, Apt. #, otc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAMS, HARRY M. 2200 MAGNOLIA DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 PANAMA CITY BEACH FL 32408 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 607.050? 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, Soction 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE WILLIAMS, HARRY M. 1.2 NAME NAME 2200 MAGNOLIA DR. 1.3 STREET ADDRESS STREET ADORESS PANAMA CITY BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE WILLIAMS, VIOLA M. 2.2 NAME NAME 2200 MAGNOLIA DR. STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY BCH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. CHTY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

14. Thereby 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 eath, 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST-ZIP

6 1 TITLE

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-71P

TITLE

NAME STREET ADDRESS

d or on an attachment with an address.
HARRY M. W. C. C. H. M. S.
Harry M. William

DELETE

Mbrich 31, 1998 (850) 234-8116

Addition

Change