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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F63946** **(0)**

1. Corporation Name
CAPTAIN SCOTT'S INC.

Principal Place of Business
9290 GROUPER ROAD
PORT CANAVERAL FL 32920

Mailing Address
9290 GROUPER ROAD
PORT CANAVERAL FL 32920-4401

3. Date Incorporated or Qualified: **01/20/1982**
3a. Date of Last Report: **04/26/1996**

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
Zip 24 | Country 25 |

2a. Mailing Address
26 |
Suite, Apt. #, etc.
27 |
City & State
28 |
Zip 29 | Country 30 |

4. FEI Number: **59-2159801** ☐ 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

9. Name and Address of Current Registered Agent

FOWLER, WILLIAM S.
9290 GROUPER RD
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name: **Candy D. Altenburger**
82 Street Address (P.O. Box Number is Not Acceptable): **9290 Grouper Road**
83 **Cape Canaveral, FL 32920**
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: *Candy Altenburger* *President* *3/20/97*
(If changing Registered Agent, this must be signature of new Registered Agent as changed above, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	FOWLER, WILLIAM S.	1.2 NAME	Altenburger, Candy D.
STREET ADDRESS	905 E CRISAFULLI RD.	1.3 STREET ADDRESS	8500 Rosalind Ave. #1
CITY-ST-ZIP	MERRITT ISL. FL	1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	T	2.1 TITLE	
NAME	ALTENBURGER, CANDY D.	2.2 NAME	
STREET ADDRESS	230 COLUMBIA DR. #107	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	CURBERA, JORGE D.	3.2 NAME	
STREET ADDRESS	230 COLUMBIA DR. #107	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

☒ DELETE ☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 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 on an attachment with an address.

SIGNATURE: *Candy Altenburger* *3/20/97* *407-783-4014*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101896