FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F72672 (1)

1. Corporation Name

CAPT. DAVIS QUEEN FLEET, INC.

Principal Place of Business	Mailing Address
% JOE ED DAVIS 5109 NORTH LAGOON DRIVE PANAMA CITY BEACH FL 32408	% JOE ED DAVIS 5109 NORTH LAGOON DRIVE PANAMA CITY BEACH FL 32408

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

3. Date Incorporated or Qualified: **03/18/1982**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-2165844** ☐ 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

DAVIS, JOE ED
5109 N. LAGOON DRIVE
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent

81 Name: Davis Joe Ed
82 Street Address (P.O. Box Number is Not Acceptable): 2843 Longleaf Road
83
84 City: Panama City FL 85 Zip Code: 32405

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 1 TITLE	PD ☒ Change ☐ Addition
NAME	DAVIS, JOE		1 2 NAME	Davis Joe
STREET ADDRESS	5109 NORTH LAGOON DR.		1 3 STREET ADDRESS	2843 Longleaf Road
CITY-ST-ZIP	PANAMA CITY BEACH FL		1 4 CITY-ST-ZIP	Panama City Fl 32405
TITLE	S	☐ DELETE	2 1 TITLE	S ☒ Change ☐ Addition
NAME	DAVIS, BONNIE		2 2 NAME	Davis, Bonnie
STREET ADDRESS	5109 NORTH LAGOON DR.		2 3 STREET ADDRESS	2843 Longleaf Road
CITY-ST-ZIP	PANAMA CITY BCH. FL		2 4 CITY-ST-ZIP	Panama City Fl 32405
TITLE	VD	☐ DELETE	3 1 TITLE	VD ☒ Change ☐ Addition
NAME	DAVIS, GROVER		3 2 NAME	Davis Grover
STREET ADDRESS	5109 N LAGOON DRIVE		3 3 STREET ADDRESS	2843 Longleaf Road
CITY-ST-ZIP	PANAMA CITY, FL 00000		3 4 CITY-ST-ZIP	Panama City Fl 32405
TITLE	T	☐ DELETE	4 1 TITLE	T Judy Davis ☐ Change ☐ Addition
NAME	DAVIS, JUDY		4 2 NAME	
STREET ADDRESS	5109 N LAGOON DRIVE		4 3 STREET ADDRESS	2843 Longleaf Road
CITY-ST-ZIP	PANAMA CITY BEACH FL		4 4 CITY-ST-ZIP	Panama City Fl 32405
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

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 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: [signature] Joe Ed Davis 4/24/96 904 747 0057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)