

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
Tallahassee, FL 32399-0001

DOCUMENT # G73599 (4)

To: Corporation Name

CAPTAIN DUKES BOAT SERVICE, INC.

Principal Place of Business

**PELICAN POINT DOCKS
HIGHWAY 98 EAST
DESTIN FL 32541**

Mailing Address

**P.O. BOX 5059
HIGHWAY 98 EAST
DESTIN FL 32540
US**

**APPROVED
AND
FILED**

MAY - 1 1995

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Filing of Report of Progress		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		25		12/08/1983		04/27/1994	
22		26		4. FID Number		Applied For	
23		27		59-2353617		Not Applicable	
24		28		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
25		29		6. Election Campaign Financing		☐ Yes ☐ No	
26		30		7. Does corporation have liability for subscription for stock?		☐ Yes ☐ No	
27		31		8. Does corporation have liability for subscription for stock?		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBINSON, MELVIN E.
304 PRIMROSE CIRCLE
DESTIN FL 32541**

81. Name
82. Street Address, P.O. Box Number is Not Applicable
83.
84. City

FL

85. Zip Code

11. Management of the corporation is subject to the provisions of the Florida Statutes. The officer named in this report is responsible for the preparation of the report and for the payment of the filing fee. The officer is also responsible for the payment of the filing fee. The officer is also responsible for the payment of the filing fee.

Signature of Officer

12. Additions, Amendments, or Changes		13. Additions, Amendments, or Changes	
NAME: DP		NAME: [Change] [Addition]	
ADDRESS: ROBINSON, MELVIN E. 304 PRIMROSE CR. DESTIN FL		ADDRESS: [Change] [Addition]	
NAME: STD		NAME: [Change] [Addition]	
ADDRESS: ROBINSON, SCOTT 706 FOREST DESTIN FL		ADDRESS: [Change] [Addition]	
NAME: [Change] [Addition]		NAME: [Change] [Addition]	
ADDRESS: [Change] [Addition]		ADDRESS: [Change] [Addition]	
NAME: [Change] [Addition]		NAME: [Change] [Addition]	
ADDRESS: [Change] [Addition]		ADDRESS: [Change] [Addition]	
NAME: [Change] [Addition]		NAME: [Change] [Addition]	
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NAME: [Change] [Addition]		NAME: [Change] [Addition]	
ADDRESS: [Change] [Addition]		ADDRESS: [Change] [Addition]	
NAME: [Change] [Addition]		NAME: [Change] [Addition]	
ADDRESS: [Change] [Addition]		ADDRESS: [Change] [Addition]	
NAME: [Change] [Addition]		NAME: [Change] [Addition]	
ADDRESS: [Change] [Addition]		ADDRESS: [Change] [Addition]	

14. I hereby certify that the information supplied with this filing is substantially true and correct, and that the information is true and correct. I am a resident of the State of Florida and I am a resident of the State of Florida. I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE: *Melvin E. Robinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95