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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L34678

(7)

Mailing Address

CAPTAIN DICK'S CHARTERS, INC.

FILED Feb 20 1997 8:00am Secretary of State



POST OFFICE BOX 735 HOMOSASSA FL 34487		POST OFFICE BOX 735 HOMOSASSA FL 34487-0735									
							3. Date Incorporated or Qualified 12/04/1989		ite of Last R 01/1996	eport	
<del></del>	lace of Business	2a. Mailing Address	en un in				4. FEI Number		<u> </u>	plied For	
Suite Apt	# cts	Suite, Apt #, etc.				NOT APPLICABLE	<del></del>	\$8.75	t Applicable		
22	W. 4.1Vc.	27					5. Certificate of Status Desired		Fee Re		
City & Stat 23	0	City & State					6. Election Campaign Financing Trust Fund Contribution Added to Fees				
Zφ	Country	Zφ		untry			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
24	25 g. Name and Address of Cu	29    rrent Registered Agent	30	T			10. Name and Address of New Re				
DE1	/ITT, RICHARD L.			B1	Nar	me	10.	<b>3</b>			
	25 VATICAN WAY			82	C+c.	not Addre	ess (P.O. Box Number is Not Acceptate	ula)			
	MOSASSA FL 32646			02	SHE	301 Addre	ess (F.O. pox Number is Not Acceptat	ле) 			
				83							
				84	City	1		FL	<b>85</b> Zip (	Code	
agent. Fa	registered agent, or both, in the care familiar with, and accept the care in t						on's board of directors. I hereby accepted when reinstating)	DATE	Ontinent as	registered	
12.		AND DIRECTORS	13.			210101010	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
THUE	PD	DELETE	1.1.7	ITLE		-T	70511010701711020170	<u> </u>	Change	Addition	
NAME	DEVITT, RICHARD L.		1.2 N	AME							
STREET ADDRESS	11425 VATICAN WAY		1.3 \$	TREET	ADDRE	.SS					
CITY - \$1 - 76°	HOMOSASSA FL		1.4 0	ITY-S	T-ZIP						
TIT, E	ST CAPOLE	☐ DELETE	21T		•				Change	Addition	
NAME	DEVITT, CAROLE 11425 VATICAN WAY		22 N								
STREET ADDRESS CITY-12-710	HOMOSASSA FL				ADDRE	22					
THE		DELETE	311		ST-ZIP				Change	Addition	
NAME			32 N	LAME					-		
STREET ADDRESS			3.3 \$	TREET	ADDRE	:ss					
CITY-ST-ZIF					ST-ZIP						
TITLE		☐ DELETE	4.1 Y						L Change	Add:tion	
NAME CASSES AND CONTROL	ļ.			VAME							
STREET ADDRESS OTTY-STEZIP					TADDRE St-zip	.so					
TITLE		DELETE	5.17		1 - EIF				Change	Addition	
NAME			5.2 N						-		
STREET ADORESS			5.3 S	TREET	IROOR	ESS					
CHT+ST-ZIP			5.4 (	ITY-S	5T - ZIP			<del></del>			
TIFLE		DELETE	6.1 T						Change	Addition	
NAME				IAME							
STREET ADDRESS					ADDRE	.SS					
C'TY - ST - ZiP	1	_,	640	aty-S	1-71P			****************			

14. Loo 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 director of the corporation of the receiver or trusted 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: 8/CHARD 1 DEVITT BUILDING OFFICER OF DIRECTOR STANDE 2-17-97, 352-628-5008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR STANDED TO Date OF DATE OF DIRECTOR STANDARD ST