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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000026907 (4)

1. Corporation Name

CAPT'N BILL'S CHARTERS, INC.



Principal Place of Business

P O BOX 353292  
PALM COAST FL 32135

Mailing Address

P O BOX 353292  
PALM COAST FL 32135

3. Date Incorporated or Qualified  
04/08/1993

3a. Date of Last Report  
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACHESON, WILLIAM G  
4440 N OCEAN SHORE BLVD  
DUNES EAST PLAZA  
PALM COAST FL 32137

81 Name

ACHESON, WILLIAM G. JR.

82

Street Address (P.O. Box Number is Not Acceptable)

154 LARAMIE DR.

83

84

City

PALM COAST

FL

85

Zip Code

32137

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

*William G. Acheson Jr.*

William G. Acheson Jr.

Director

6/1/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE  
NAME ACHESON, WILLIAM G  
STREET ADDRESS 4440 N OCEAN SHORE BLVD, DUNES EAST PLAZA  
CITY-ST-ZIP PALM COAST FL 32137

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

ACHESON, WILLIAM G. JR.

154 LARAMIE DR.

PALM COAST, FL 32137

V

ACHESON, RICHARD P.

154 LARAMIE DR.

PALM COAST, FL 32137

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:

*William G. Acheson Jr.*

William G. Acheson, Jr.

6/1/96

9044459175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)