

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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90039 001 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000026907**

1. Corporation Name

**CAPT'N BILL'S CHARTERS, INC.**

Principal Place of Business

Mailing Address

P O BOX 353292  
PALM COAST FL 32135

P O BOX 353292  
PALM COAST FL 32135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/08/1993**

4. FEI Number

**59-3181768**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ACHESON, WILLIAM G. JR.  
154 LARAMIE DRIVE  
DUNES EAST PLAZA  
PALM COAST FL 32137**

81 Name

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

83

84 City

**FL**

85

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**OFFICERS AND DIRECTORS**

☐ DELETE

D

**ACHESON, WILLIAM G. JR.  
154 LARAMIE DRIVE  
PALM COAST FL**

V

**ACHESON, RICHARD P.  
154 LARAMIE DRIVE  
PALM COAST FL**

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**13.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM G. ACHESON JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/99**

**9044459175**