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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000031222 (9) **DOCUMENT #** 

1. Corporation TED'S	Name Captain Cooks, Inc.		. ,		
Principal Place of	of Business	Mailing Address			# 1881
201 HATLEY ST JASPER FL 32052		201 HATLEY ST JASPER FL 32052			
				Date Incorporated or Qualified O4/17/1995 A. Date of Last Report	
2. Principal Pla	e of Business	2a. Mailing Address		4. FEI Number Applied	For
21		26		59-3310485 Not App	
Suite, Apt. #	, etc	Suite, Apt. #, etc	3.	5. Certificate of Status Desired Security Fee Require	
City & State		City & State .		6. Election Campaign Financing \$5.00 May	
23		28		Trust Fund Contribution Added to Fee	
Zip	Country	Ζιρ	Country	8. This corporation has liability for intangible tax under s. 199.03	2,
24	25	29	30	Florida Statutes 🔲 Yes 🔀 No	
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		
	en, William T Jr.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	iplewood DR				
JASPER	FL 32052		83		
			84 City	FL 85 Zip Code	
or registers	the provisions of Sections 607.050 d agent, or both, in the State of Flo n, and accept the obligations of, Sec	oda. Such chance was aut	bodized by the corporation's boa	ration submits this statement for the purpose of changing its registere rd of directors. I hereby accept the appointment as registered agent.	d office Lam
SIGNATURE.	sgriative, twied or posteo harre of registere Lago	sat asset that the same ability	(N. T.E. Biss stered April Syruture require	STANDARD BATE	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
T:TLF	PD	DELETE	1.110ftE	☐ Change ☐ Ai	ddition
NAME	MCMULLEN, WILLIAM T JR	<b>.</b>	1.2 NAME		
STREET ADDRESS	1205 MAPLEWOOD DR		1.3 STREET ADDRESS		
CITY - ST - ZIP	JASPER FL 32052		1.4 CHY+ST+ZIP		
TITLE		DELETE		Change A	ddition
NAME			2.2 NAME		
STREET ADDRESS			2 3 S'REET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2.4 City - ST - ZiP 3.1 Title	☐ Change ☐ A	dddion
TITLE		Прессте	3 2 NAME		44.1.4
NAME STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CiTY - ST - ZIP		
TITLE		DELETE		Change A	ddilion
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S* 7IP		
TITLE		☐ DELETE	5 ' TITLE	Change A	iddit-on
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		E DOLLIE	5 4 CITY - ST - ZIP	Change D.A.	dation
TITLE		☐ DELETE		☐ Change ☐ A	iddition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIF	certify that the information supplier	d with this filing is voluntarit	v furnished and does not qualify	for the exemption stated in Section 119.07(3)(k), Florida Statutes I ful	rther
certify that oath, that l	the information indicated on this an	inual report or supplementa poration or the receiver or t	a' annual report is true and accuri trustee empowered to execute th	ate and that my signature shall have the same legal effect as if made iis report as required by Chapter 607, Florida Statutes; and that my n	unger

SIGNATURE: X 2/1/1- 7. Me Mult for Director Provided A 4 4 30-96 904-792-28/1