

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000039159 (5)  
1. Corporation Name

THE CAPTAIN'S GALLEY OF BAY COUNTY, INC.



Principal Place of Business: 4810 WEST HIGHWAY 99 PANAMA CITY FL 32401  
Mailing Address: 4810 WEST HIGHWAY 99 PANAMA CITY FL 32401

3. Date Incorporated or Qualified: 05/15/1995  
3a. Date of Last Report

2. Principal Place of Business  
21 2738 STATE AVE  
22 Suite, Apt #, etc  
23 PANAMA CITY FLA  
24 Zip 32405  
25 Country USA  
26 2738 STATE AVE  
27 PANAMA CITY  
28 FLORIDA  
29 Zip 32405  
30 Country BSA

4. FEI Number: 59-3310472  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent  
PHILLIPS, LESLIE  
2738 STATE AVE.  
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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: \_\_\_\_\_ (Signature typed or printed name of registered agent and filed applicable (to) FEI Registered Agent's signature required when reinstating (Date)

| 12. OFFICERS AND DIRECTORS |                                   |
|----------------------------|-----------------------------------|
| TITLE                      | D <input type="checkbox"/> DELETE |
| NAME                       | PHILLIPS, LESLIE                  |
| STREET ADDRESS             | 2738 STATE AVE.                   |
| CITY-ST-ZIP                | PANAMA CITY FL 32405              |
| TITLE                      | D <input type="checkbox"/> DELETE |
| NAME                       | PHILLIPS, LYNDA                   |
| STREET ADDRESS             | 2738 STATE AVE.                   |
| CITY-ST-ZIP                | PANAMA CITY FL 32405              |
| TITLE                      | <input type="checkbox"/> DELETE   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> DELETE   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> DELETE   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME   |   |
| 13 STREET ADDRESS                                     |   |
| 14 CITY-ST-ZIP  |   |
| 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME   |   |
| 23 STREET ADDRESS                                     |   |
| 24 CITY-ST-ZIP  |   |
| 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME   |   |
| 33 STREET ADDRESS                                     |   |
| 34 CITY-ST-ZIP  |   |
| 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME   |   |
| 43 STREET ADDRESS                                     |   |
| 44 CITY-ST-ZIP  |   |
| 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME   |   |
| 53 STREET ADDRESS                                     |   |
| 54 CITY-ST-ZIP  |   |
| 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME   |   |
| 63 STREET ADDRESS                                     |   |
| 64 CITY-ST-ZIP  |   |

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96  
904-785-7503  
Date  
Display Phone #

CR2E034 (3/96)