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

PROFIT CORPORATION ANNUAL REPORT

~1**9**98

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076642 (4)

CAPT. GEORGE B., INC.

Principal Place of Business Mailing Address 968 N. BANANA RIVER DR. 1220 OLD PARSONAGE DR MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/05/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3342131 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BROWN, GEORGE T 868 N. BANANA RIVER DR. 82 Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32953** 83 City 85 Zip Code 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. Fam 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. T briffe TITLE 1.1 TITLE Change Addition **BROWN, GEORGE T** NAME 1.2 NAMI 1220 OLD PARSONAGE DR. STREET ADDRESS 1.3 STREET ADDRESS **MERRITT ISLAND FL 32952** CITY-ST-ZIP 1.4 CHY-ST-7IP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STHEET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP 🔲 DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST- ZIP DELETE TITLE Change Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TO (F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing cloes 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 supplied with this chief and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation 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 on an attachment with an address.

54 CHY-ST-ZIP

63 STREET ADDRESS

6.4 CHY-S1-ZIP

61 HILE

6.2 NAME

DELETE

CR2E034

Change

Addition

FILED

Apr 21 1998 8:00am

Secretary of State