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FILE	NOW: FILING FEE AF	TER MAY 1ST IS	\$550.00	AMENDMENT
CORF ANNU	ROFIT PORATION AL REPORT 999	FLORIDA DEPAR Katherin Secretary DIVISION OF CO	• Harris of State	
DOCUM 1. Corporation I	MENT # P95000089	136		99 JUN -2 AH In: 59
CAPT.	P INC.			TALLAHASSEL FLORIDA
Principal Place of Business Mailing Address				
3005 E. 11th Ct 3005 E. 11th Ct				
Panama	City, FL 32401	Panama City	, FL 3240	01 DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
2 Occasional Dia	(	2a Mailina Address		11/20/1995 4. FEI Number Applied For
2. Principal Pla	ce of Business	2a. Mailing Address		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5,00 May Be
23 [ Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees
24	[25]	<b>⊢</b> ·	0	8. This corporation owes the current year intengible Personal Property Tax.   Yes
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
	N, PHAT T		82 Street	Address (P.O. Box Number is Not Acceptable)
	E. 11th Ct a City, FL 3240	1	83	3005 E. 11th Ct
Fanan	a CICY, FL 3240	•		
			84 City	Panama City FL 85 Zip Code 32401
11. Pursuant o	the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named	d corporation submits this statement for the purpose of changing its registered
office or reig agent. I am	istered agent, or both, in the State of familiar wifn, and accept the obligation	Florida. Such change was auti ons of, Section 607.0505, Florid	norized by the corp a Statutes.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	my Vay Van	Rui Va		Tequired when reinstating! DATE
12.	prature, typed or printed name of registered agent's OFFICERS AND		igistered Agent signature	Tequired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS	DELETE	1.1 TITLE	DPC Change Addition
NAME	NGUYEN, PHAT T	ъ.	1.2 NAME	NGUYEN, BUI V
STREET ADDRESS	3005 E. 11th Ct		1.3 STREET ADDRESS	1 000 = 1 44.5 = 1
CITY-ST-ZIP	Panama City, FL	32401	1.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	S	<b>₩</b> DELETE	2.1 TITLE	V/S \ \(\overline{\text{Change}}\) Change \(\overline{\text{X}}\) Addition
NAME	NGUYEN, MYLINH		22 NAME	NGUYEN, TRINH T 3005 E. 11th Ct
STREET ADDRESS CITY-ST-ZIP	539 School Ave	22401	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	Panama City, FL	32401	31 TITLE	Change Addition
NAME			32 NAME	
STREET ADDRESS		,	33 STREET ADDRESS	00000029027802
CITY-ST-ZIP		5	3.4. CITY-ST-ZIP	-06/11/3901104003
TITLE		DELETE	4.1 TITLE	*****78.00 ******74.00
NAME PERCET ADDRESS			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY+ST+ZIP	]
TITLE		DELETE	5.1 TITLE	[] Change
NAME		,	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	<del></del>	□ nei ete	5.4 CITY-ST-ZIP	Channe Cladding

5.3 SIREET ADDRESS

CITY-ST-ZIP

14. I hereby 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 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 cath; that I am an officer or director of then 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, with all other like empowered.

SIGNATURE:

But Van Nguyen

850 785 5951

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP