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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 P96000047591 (8) DOCUMENT #

CAPTAIN RON'S CARS, INCORPORATED

Principal Plac	e of Business	Mailing Address			
RT. 2. BOX 1650 PALATKA FL 32117 US		RT. 2. BOX 1650 PALATKA FL 32177 US		DO NOT WRITE IN THIS SPACE	
		••		3. Date Incorporated or Qualified	
				05/30/1996	
	lace of Business	2a, Mailing Address		4. FEI Number Applied For	_
21 Suite Act	# als	26		59-33855552   Not Applica	ole
Suite, Apt.	# <sub>1</sub> &(C.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stat	0			6. Election Campaign Financing \$5.00 May Be	$\dashv$
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	$\exists$
24	25	29	30	Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
HARVEY, ANN B			81 Name		
RT. 2, BOX 1650 PALATKA FL 32177		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
			83		
			84 City	F1 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutos.					
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SIGNATURE	Signature typed or printed made of register, Jury	ON) the appropria	IF Registered Agent's greature requir	red when reinstaling) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITL€	D HADOLEN BONALO D	T] DEFEIE	1.1 TITLE	Change Addit	on
NAME	HARVEY, RONALD P RT. 2, BOX 1650		1.2 NAME		
STREET ADDRESS	PALATKA FL 32177		1.3 STREET ADDRESS		į
CITY-ST-ZIP TITLE	0	DELETE	1.4 CITY+ST+ZIP 2.1 TIDLE	☐ Change ☐ Addit	ion (
NAME	HARVEY, ANN B	£3 00101E	2 2 NAME	orango roun	J.,
STREET ADDRESS	RT. 2, BOX 1650		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		2.4 CITY-ST-ZIP		
TITLE		DELLETE	3.1 TITLE	☐ Change ☐ Addit	on
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TATLE		LL DETEAE	41 TILE	Change Addit	on
NAME			4. 2 NAME		- }
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		- 1
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addil	ion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		- {
CITY-ST-ZIP	_		5.4 CITY+S1-ZIP		
TALE		□ DELETE	61 1HLE	Change Addit	on
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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 oath; that I am an officer or director of the corporation or the receiper 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 altroducint with an address.

**FILED** 

Apr 21 1998 8:00am

Secretary of State