

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

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000088818 (5)

1. Corporation Name
CAPT. VICK, INC.

Principal Place of Business
421 N. PALAFOX ST.
PENSACOLA FL 32501

Mailing Address
421 N. PALAFOX ST.
PENSACOLA FL 32501-3918



2. Principal Place of Business

21 600 S. BARRACKS ST.

State, Apt. #, etc.

22 S-210

City & State

23 PENSACOLA, FL

Zip

24 32501

Country

25 ESCAMBIA

2a. Mailing Address

26 PO BOX 642

Suite, Apt. #, etc.

27

City & State

28 PENSACOLA, FL

Zip

29 32591

Country

30 ESCAMBIA

3. Date Incorporated or Qualified
10/25/1996

3a. Date of Last Report

4. FEI Number

59-3410983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

8. Name and Address of Current Registered Agent

VICK, HARDY E
421 N. PALAFOX ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600 S. BARRACKS ST. S-210

83

84 City

PENSACOLA

FL

85 Zip Code

32501

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 type (handwritten or printed name of registered agent) and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VICK, HARDY E

STREET ADDRESS 421 N. PALAFOX ST.

CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)