


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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90006 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000059044					
1. Corporation Name CAPTAIN JIM'S, INC.					
Principal Place of Business 1002 SEAWAY DRIVE FORT PIERCE, FL 34949			Mailing Address 1002 SEAWAY DRIVE FORT PIERCE, FL 34949		
2. Principal Place of Business 21 1002 SEAWAY DRIVE		2a. Mailing Address 26 1002 SEAWAY DRIVE		4. FEI Number 65-0829731	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 FORT PIERCE, FL		City & State 28 FORT PIERCE, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 34949		Country 25 USA		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent STACEY HAMPTON 1002 SEAWAY DRIVE FORT PIERCE, FL 34949			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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PRESIDENT <input type="checkbox"/> DELETE				
NAME	STACEY HAMPTON				
STREET ADDRESS	1002 SEAWAY DRIVE				
CITY-ST-ZIP	FORT PIERCE, FL 34949				
TITLE	SECRETARY <input type="checkbox"/> DELETE				
NAME	DAVID HAMPTON				
STREET ADDRESS	518 16th DELE				
CITY-ST-ZIP	DELRAY BEACH, FL 33444				
TITLE	VICE-PRESIDENT <input type="checkbox"/> DELETE				
NAME	JOAN KOONTZ				
STREET ADDRESS	4525 MATHIS ST.				
CITY-ST-ZIP	LAKE WORTH, FL 33461				
TITLE	<input checked="" type="checkbox"/> DELETE				
NAME	PAMELA HAMPTON				
STREET ADDRESS	711 FOREST CLUB DRIVE #508				
CITY-ST-ZIP	WELLINGTON, FL 33414				
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					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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 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, with all other like empowered.

SIGNATURE: **STACEY HAMPTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/99 (561) 46-2050

Date

Daytime Phone #

CR2E034 (11/98)