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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000093584

1. Corporation Name

CAPTAIN PIP'S, INC.

Principal Place of Business

Mailing Address

1410 OVERSEAS HWY.

1410 OVERSEAS HWY.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90017 012 ***150.00



MARATHON FL 33050		MARATHON FL 33050		DO NOT WRITE IN THIS SPACE			
				٠	3. Date Incorporated or Qualifed 11/04/1998		
2. Principal Pl	ace of Business	2a. Mailing Address	ے خیاندی		4FEI Number 0972699		plied:For
21		26	-		65-0873688		t Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Rec	I .
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 r	
23 Zip	Country	Zip	Countr	У	8. This corporation owes the current year	Intangible	
24	25	29	in .		Personal Property Tax.		□No
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Register	ed Agent	
			81	Name			
WOLFE, JOHN J 2975 OVERSEAS HWY.				Street Addre	ess (P.O. Box Number is Not Acceptable)	,	
MARATHON FL 33050			83	3			
			84	City		85 Zip C	ode
office or re agent. I at	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autigations of, Section 607.0505, Florid	nonzed by ia Statute:	s.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pomernom do reg	jistered
	Signature, typed or printed name of registered ag	<u></u>	· •	ent signature required			DS IN 12
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE			Critings	
NAME	MADDOX, JOHN H		1.2 NAME				
STREET ADDRESS	1410 OVERSEAS HWY.			ET ADDRESS			
CITY-ST-ZIP	MARATHON FL 33050	☐ DELETE	1.4 CITY-1	ST-ZIP		Change	Addition
TITLE	D	C DELETE	2.1 TITLE				
NAME	MADDOX, BARBARA R		2.2 NAME			1.262	
≃STREET ADDRESS	=1410 OVERSEAS HWY			T ADDRESS			
CTTY-ST-ZIP	MARATHON FL 33050	☐ DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP		Change	Addition
TITLE		DELETE	3.2 NAME			_ ,	
NAME				ET ADDRESS			
STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
TITLE NAME	•	<u> </u>	4. 2 NAME	3			ľ
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	-	☐ DELETE	5.1 TITLE	· ···		☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADDRESS			
CITY-ST-ZIP			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 an appear with an address, with all other like empowered.

SIGNATURE:

John H. Maddox, Director SIGNING OFFICER OR DIRECTOR