

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 # P98000106765

1. Corporation Name

CAPTAIN ED & SON, INC.

Principal Place of Business

4810 W. MARTIN LUTHER KING BLVD
STE A
TAMPA FL 33614

Mailing Address

4810 W. MARTIN LUTHER KING BLVD
STE A
TAMPA FL 33614

CHANGE OF ADDRESS

Chg of ADDRESS



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1998

4. FEI Number

59-3548503

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 4710-N. MANHATTAN AVE

Suite, Apt. #, etc.

22 TAMPA, FLA 33614

City & State

23 33614

Zip

Country

24

25

2a. Mailing Address

26 4710-N. MANHATTAN AVE

Suite, Apt. #, etc.

27 TAMPA, FLA 33614

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, MARGARITA E

4810 W. MARTIN LUTHER KING BLVD

STE A

TAMPA FL 33614

81 Name

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

83

84 City

FL

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 Statutes.

SIGNATURE

Marguerita Loya President Margarita Gonzalez

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MARGARITA GONZALEZ
STREET ADDRESS 1329-BUSWOOD PKWY
CITY-ST-ZIP PALM HARBOR, FLA 34683

TITLE ☐ DELETE

NAME VICE-PRESIDENT
STREET ADDRESS EDUARDO GONZALEZ
CITY-ST-ZIP 1189-ELMHURST DR.
TAMPA, FLA 33614

TITLE ☐ DELETE

NAME TREASURER
STREET ADDRESS EDDY GONZALEZ
CITY-ST-ZIP 1329-BUSWOOD PKWY
PALM HARBOR, FLA 34683

TITLE ☐ DELETE

NAME SECRETARY
STREET ADDRESS ILEANA FRENCH
CITY-ST-ZIP 127-NANCY DR.
OLDS MAR, FLA 34677

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

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

☐ Change

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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:

Marguerita Loya

MARGARITA GONZALEZ 4/19/99 (813) 873-7414

Date

Daytime Phone #

CR2E034 (11/98)