

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mathern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S48984** (6)

1. Corporation Name

CAPTAIN KIDD II, INC.



Principal Place of Business

**14385 - 80TH AVE.
SEBASTIAN FL 32958**

Mailing Address

**14385 - 80TH AVE.
SEBASTIAN FL 32958**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., #, etc.

26

Suite, Apt., #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**JONES, ARTHUR E
14385 8TH AVENUE
SEBASTIAN FL 32958**

3. Date Incorporated or Qualified

04/29/1991

3a. Date of Last Report

04/07/1995

4. FEI Number

65-0269875

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

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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 607.0102 and 607.1503, 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

Arthur E. Jones

Arthur E. Jones

3/26/96

(Date)

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

**JONES, ARTHUR E.
14385 8TH AVENUE
SEBASTIAN FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DT

☐ DELETE

NAME

**JONES, JUNE B.
14385 - 80TH AVE.
SEBASTIAN FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

OV

☐ DELETE

NAME

**CHESLOCK, WILLIAM B
9485 STATE ROAD A1A
MELBOURNE BEACH FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DS

☐ DELETE

NAME

**CHESLOCK, KAREN A
9485 STATE ROAD A1A
MELBOURNE BEACH FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Arthur E. Jones

Arthur E. Jones

3/26/96

407-589-5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)