

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

0119962

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S48984**

1. Corporation Name  
**CAPTAIN KIDD II, INC.**



Principal Place of Business  
14385 - 80TH AVE.  
SEBASTIAN FL 32958

Mailing Address  
12820 83RD ST  
FELLSMERE FL 32948  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/29/1991**

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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 **1606 Indian River Dr.**

2a. Mailing Address  
26

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

City & State  
23 **Sebastian FL**

City & State  
28

Zip  
24 **32958** Country  
25

Zip  
29

Country  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, ARTHUR E  
14385 8TH AVENUE  
SEBASTIAN FL 32958

81 Name  
**Jones, Arthur E**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1513 Clearbrook**  
83  
84 City  
**Sebastian** FL 85 Zip Code  
**32958**

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, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P  
CHESLOCK, W B  
12820 83RD ST  
FELLSMERE FL 32948

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
V  
JONES, J B  
14385 80TH AVE  
SEBASTIAN FL 32958

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
☒ Change ☐ Addition  
**1513 Clearbrook  
Sebastian FL 32958**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TS  
CHESLOCK, K A  
12820 83RD ST  
FELLSMERE FL 32948

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DS  
CHESLOCK, KAREN A  
9485 STATE ROAD A1A  
MELBOURNE BEACH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
☒ Change ☐ Addition  
**12820 83rd St.  
Fellsmere, FL 32948**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

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 a letter like empowered.

SIGNATURE: **Karen Cheslock** Pres.-Sec. **4-24-98** **589-5433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)