FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 2:57

DOCUMENT # **V15241** **(5)**

1. Corporation Name
CAPT. CHANCE, INC.

Principal Place of Business	Mailing Address
1058 ISLAND AVE TARPON SPRINGS FL 34689	1058 ISLAND AVE TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/17/1992**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24) / Country (25):
Zip (29) / Country (30):

4. FEI Number: **59-3109234** ☐ 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

9. Name and Address of Current Registered Agent

LEONARD, DONALD
1058 ISLAND AVE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: Daniel Leonard
82 Street Address (P.O. Box Number is Not Acceptable): 1627 Treasure Dr.
83:
84 City: Tarpon Springs **FL** 85 Zip Code: 34689

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	LEONARD, ELROY	1.2 NAME		
STREET ADDRESS	910 COPAS RD SW	1.3 STREET ADDRESS		
CITY-ST-ZIP	SHALLOTTE NC	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	LEONARD, DANIELD	2.2 NAME		
STREET ADDRESS	1627 TREASURE DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S T	☑ Change ☐ Addition
NAME	LEONARD, MARIE	3.2 NAME	Leonard, Marie	
STREET ADDRESS	910 COPAS RD SW	3.3 STREET ADDRESS	910 Copas Rd SW	
CITY-ST-ZIP	SHALLOTTE NC	3.4 CITY-ST-ZIP	Shallotte, NC 28459	
~~TITLE~~	~~T~~	4.1 TITLE		☑ Change ☐ Addition
~~NAME~~	~~LEONARD, DONALD~~	4.2 NAME	Delete	
~~STREET ADDRESS~~	~~0620 WALDORF CT~~	4.3 STREET ADDRESS		
~~CITY-ST-ZIP~~	~~NEW PORT RICHEY FL~~	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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)(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.

SIGNATURE: Marie H. Leonard Marie H. Leonard 9/1/95 813 934-4659
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0387030 CP