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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V15242** (3)

1. Corporation Name
CAPT. TRAVIS, INC.

Principal Place of Business

**1058 ISLAND AVE
TARPOON SPRINGS FL 34689**

Mailing Address

**1058 ISLAND AVE
TARPOON SPRINGS FL 34689-6916**

3. Date Incorporated or Qualified **02/17/1992** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

50-3109233

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
1627 TREASURE DR.
TARPOON 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

Daniel Leonard
Signature (Type or printed name of registered agent and title if applicable)

Daniel Leonard
(NOTE: Registered Agent signature required when reinstating)

4/9/97
Date

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	LEONARD, ELROY	
STREET ADDRESS	910 COPAS RD., SW	
CITY - ST - ZIP	SHALLOTTE NC	
TITLE	VP	DELETE
NAME	LEONARD, DANIEL	
STREET ADDRESS	1627 TREASURE DRIVE	
CITY - ST - ZIP	TARPOON SPRINGS FL	
TITLE	ST	DELETE
NAME	LEONARD, MARIE	
STREET ADDRESS	910 COPAS RD SW	
CITY - ST - ZIP	SHALLOTTE NC	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

Daniel Leonard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97
Date

813-934-4657
Daytime Phone #

0456973

CR2E034 (9/96)