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95 APR 18 PM 6:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G60645 (0)			
1. Corporation Name BRIDGESTAR, INC.			
Principal Place of Business 112 WEST ADAMS STREET SUITE 1801 JACKSONVILLE FL 32202		Mailing Address 112 WEST ADAMS STREET SUITE 1801 JACKSONVILLE FL 32202	
2. Principal Place of Business		2a. Mailing Address	
21		2a	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANDERSON, KENNETH G. 1301 GULF LIFE DR. SUITE-2540 GULF LIFE TOWER JACKSONVILLE FL 32207		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 _____ DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD NAME HOEKENGA, EARL N STREET ADDRESS 2317 MILLER OAKS DR, S CITY - ST - ZIP JACKSONVILLE FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE VD NAME HOEKENGA, HELEN B. STREET ADDRESS 2317 MILLER OAKS DRIVE, SOUTH CITY - ST - ZIP JACKSONVILLE FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE D NAME HOEKENGA, CHRISTIAN M. STREET ADDRESS 16828 E. MAGLITTO CIRCLE CITY - ST - ZIP TOM BALL TX		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(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 _____ 11 Apr 95 904/353-5126			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			