

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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 1601
JACKSONVILLE FL 32202**

Mailing Address

**112 WEST ADAMS STREET
SUITE 1601
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified **09/15/1983** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

Signature typed or printed name of registered agent as required by law.

Signature typed or printed name of registered agent as required by law.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **HOEKENGA, EARL N**
STREET ADDRESS **2317 MILLER OAKS DR, S**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **HOEKENGA, HELEN B.**
STREET ADDRESS **2317 MILLER OAKS DRIVE, SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
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

**23410 Wellington Court Blvd.
Spring, TX 77389**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
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: *Earl N. Hoekenga*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10, 1996 904/355-5126
DATE DAYTIME PHONE #

CR2E034 (12/95)