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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G60645** **(0)**

1. Corporation Name
BRIDGESTAR, INC.

Principal Place of Business	Mailing Address
112 WEST ADAMS STREET SUITE 1601 JACKSONVILLE FL 32202	112 WEST ADAMS STREET SUITE 1601 JACKSONVILLE FL 32202-3867

3. Date Incorporated or Qualified: 09/15/1983
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21 Z317 MILLER OAKS DR. S.
22 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE, FLA
24 Zip: 32217
25 Country:

2a. Mailing Address
26 Z317 MILLER OAKS DR.S.
27 Suite, Apt. #, etc.
28 City & State: JACKSONVILLE, FLA
29 Zip: 32217
30 Country:

4. FEI Number: 59-2329154 ☐ 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
ANDERSON, KENNETH G.
1301 GULF LIFE DR.
SUITE-2540 GULF LIFE TOWER
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
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
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	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HOEKENGA, EARL N		1.2 NAME	HOEKENGA, CHRISTIAN M.	
STREET ADDRESS	2317 MILLER OAKS DR, S		1.3 STREET ADDRESS	23410 WELLINGTON CT BLVD	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	SPRING, TEXAS 77389	
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	HOEKENGA, HELEN B.		2.2 NAME	DAVID E HOEKENGA	
STREET ADDRESS	2317 MILLER OAKS DRIVE, SOUTH		2.3 STREET ADDRESS	3305 MAJESTIC RIDGE	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	LAS CRUCES, NEW MEXICO 88011	
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOEKENGA, CHRISTIAN M.		3.2 NAME		
STREET ADDRESS	23410 WELLINGTON COURT BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING TX		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Christian M. Hoekenga 5/9/97