SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K92238** **(0)**

1. Corporation Name
BLUE HOLE INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
2470 DOYLE RD **DELTONA FL 32725**	**2470 DOYLE RD** **DELTONA FL 32725**

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

3. Date Incorporated or Qualified **05/31/1989**	3a. Date of Last Report **03/13/1995**
4. FEI Number **59-2964876**	☐ 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

WOLF, WILLIAM H.
1626 AIRMONT AVE.
DELTONA FL 32725

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HUNDLEY, JOHN L.		12 NAME	
STREET ADDRESS	1604 HORSESHOE RD		13 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL		14 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HERBERT, WILLIAM F.		22 NAME	
STREET ADDRESS	1516 ZINNIA DR		23 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL		24 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	NORVILLE, ERNEST		32 NAME	
STREET ADDRESS	950 MILLENBECK AVE		33 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL		34 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	CROUCH, ALBERT		42 NAME	
STREET ADDRESS	1121 W SEAGATE DR		43 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL		44 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	WOLF, WILLIAM H.		52 NAME	
STREET ADDRESS	1626 AIRMONT AVENUE		53 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL		54 CITY-ST-ZIP	
TITLE	V	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, CHARLES		62 NAME	
STREET ADDRESS	2260 MATTHEW CIR.		63 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL		64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William H. Wolf WILLIAM H. WOLF 4/5/96 904-789-2520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #