## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G75312

Principal Place of Business

(0)

Mailing Address

BLUE WATER BUILDING SYSTEMS, INC.

| 801 BIRDIE WAY<br>P. O. BOX 3536<br>APOLLO BEACH FL 33572 |  | 801 BIRDIE WAY<br>P. O. BOX 3536<br>APOLLO BEACH FL 33572-1004 |                     |             |                     | 3. Date Incorporated or Qualified 12/20/1983   |  |  |  |
|---|--|--|---------------------|-------------|---------------------|--|--|--|--|
| 2. Principal Pl   | lace of Business   | 2a. Mailing Address  | 2a. Mailing Address |             |                     | 4. FEI Number  | 1 0, 10, 100                           | Applied For                            |  |
| 21  |  | 26   | 26                  |             |                     | 59-2383660   |  | Not Applicable                         |  |
| Suite, Apt.   | #, etc.  | Suite, Apt #, etc.   | Suite, Apt #, etc.  |             |                     | 5. Certificate of Status Desired   | \$8.7                                  | 5 Additional                           |  |
| 22  |  | 27   | 27                  |             |                     | 5. Certificate of Status Desired   | Fee                                    | Required                               |  |
| City & State  | 9  | City & State   | City & State        |             |                     | 6. Election Campaign Financing   |  | 00 May Be                              |  |
| 23  |  | 28   |                     |             |                     | Trust Fund Contribution Added to Fees  |  |  |  |
| Zip   | Country  | Zip  | Cou                 | untry       | ′                   | 8. This corporation has liability for in   |  | er s. 199.032,                         |  |
| 24  | 25   | 29   | 30                  | ,           | <del></del>         | Florida Statutes Yes No  |  |  |  |
|   | 9. Name and Address of Curre   | nt Registered Agent  |                     | 81          | T 85                | 10. Name and Address of New Rec  | pletered Agent                         |  |  |
|   | ELD, RICHARD R.  |  |                     | 61          | Name                |  |  |  |  |
|   | BIRDIE WAY<br>DLLO BEACH FL 33572  |  |                     |             | Street Addr         | reet Address (P.O. Box Number is Not Acceptable)   |  |  |  |
| APU   | ILLU DEMON PL 333/2  |  |                     | 83          |                     |  |  |  |  |
|   |  |  |                     | 84          | City                |  | as                                     | Zip Code                               |  |
|   |  |  |                     | <u> </u>    |                     |  | FL "                                   |  |  |
| l office or r   | to the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the oblig | e of Florida. Such change wa                                   | s authorize         | id bi       | y the corporal      | poration submits this statement for the pition's board of directors. I hereby accep  | urpose of changir<br>It the appointmen | ng its registered<br>t as registered   |  |
| SIGNATURE   | Signature Typed or primed name of registered ag  | ent and title if agnicable (b)                                 | OTF: Recusters      | od Ana      | ear signature reaul | red when reinstating)  | DATE                                   | ······································ |  |
| 12.   |  | ID DIRECTORS   | 13.                 | , a , , g , | ork erginator o qui | ADDITIONS/CHANGES TO OFFIC   |  | TORS IN 12                             |  |
| TITLE   | PD   | ☐ DELETE   | 1.11                | ITLE        |                     |  | ☐ Char                                 | nge 🔲 Addition                         |  |
| NAME  | ILFELD, RICHARD R. 1.20  |  | AME                 |             |                     |  |  |  |  |
| STREET ADDRESS  | 801 BIRDIE WAY   |  | 1.3 5               | TREET       | T ADORESS           |  |  |  |  |
| C(TY+ST+ZIP   | APOLLO BEACH FL  |  | 1,4 0               | aty-s       | ST-ZIP              | ı  |  |  |  |
| TITLE   |  |  |                     | ITLE        |                     | NE TO THE RESERVE OF THE PERSON OF THE PERSO | ☐ Char                                 | nge 🔲 Addition                         |  |
| NAME  |  |  | 2.2 N               | IAME        | ٠                   | 19   |  |  |  |
| STREET ADDRESS  |  |  | 2.3 9               | TREET       | ADDRESS             |  |  |  |  |
| C(TY-ST-Z)P   |  |  | 2.4                 | CITY-       | ST-ZIP              |  |  |  |  |
| TITLE   |  | ☐ DELETE   | 3.1 7               | ITLE        |                     |  | : Char                                 | nge Addition                           |  |
| NAME  |  |  | 3.2 6               | AME         |                     |  | •                                      |  |  |
| STREET ADDRESS  |  |  | 3.3 \$              | TAEET       | r address           |  |  |  |  |
| CITY-ST-ZIP   |  |  | 3.4.                | CITY-       | ST-ZIP              |  |  |  |  |
| TITLE   |  | ☐ DELETE   | 4.1.1               | ITLE        |                     |  | ☐ Char                                 | nge 🔲 Addition                         |  |
| NAME  |  |  | 4.2                 | NAME        |                     |  |  |  |  |
| STREET ADDRESS  |  |  | 4.3 9               | TREET       | T ADDRESS           |  |  |  |  |
| CITY-ST-ZIP   |  |  |                     |             | ST - ZIP            |  |  |  |  |
| TITLE   | •  | ☐ DELETE   | 5.1 T               | ITLE        |                     |  | Char                                   | nge Addition                           |  |
| NAME  |  |  | 5.21                | IAME        |                     |  |  |  |  |
| STREET ADDRESS  |  |  | 5.3 5               | TREET       | T ADDRESS           |  |  |  |  |
| CITY-ST-ZIP   |  |  | 5.4 (               | ITY-S       | ST-ZIP              |  |  |  |  |
| TITLE   |  | DELETE   | 6.1 ]               | ITLE        |                     |  | Char                                   | nge Addition                           |  |

STREET ADDRESS CITY-ST-ZIP

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

**FILED** 

Jan 31 1997 8:00am

Secretary of State