

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

Pg. 1072

97 AUG 22 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H29428 (0)**  
 1. Corporation Name  
**BLUEWATER ENVIRONMENTAL SERVICES, INC.**

Principal Place of Business 10341 EAST HIGHWAY 92 (TAMPA, FL 33610) P.O. BOX 1669 BRANDON FL 33509	Mailing Address 10341 EAST HIGHWAY 92 (TAMPA, FL 33610) P.O. BOX 1669 BRANDON FL 33509
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/09/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2464386</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**SPICHER, DENNIS L.**  
**10341 W. HWY 92**  
**TAMPA FL 33610**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	<b>VMT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPICHER, DENNIS</b>	1.2 NAME	
STREET ADDRESS	<b>10341 E. HWY 92</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PCD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPICHER, LYNETTE</b>	2.2 NAME	
STREET ADDRESS	<b>10341 E. HWY 92</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \*\*\*\*165.00 \*\*\*\*165.00

*A. Alan*  
 8/22/97

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.

CR2E034 (4/97)

pg. 2 of 2



# BLUEWATER

*Environmental Services, Inc.*  
Certified Operations Water and Wastewater Systems

P.O. Box 1669  
Brandon, Florida 33509

AUGUST 13, 1997

FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORTS SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32302-1500

REFERENCE: ANNUAL REPORT OF CORPORATION 1997

Dear Gina,

This letter is to confirm our conversation today, reference payment for the Annual Report for 1997. A review of our banking account has indicated that our check number 8707 in the amount of \$165.00 has not been processed and remains unpaid by our bank. As per your instructions we are reissuing a replacement check in the amount of \$165.00 and cancel payment on check number 8707.

We appreciate your assistance and should any question remain, please contact our office.

Sincerely,

  
MR. RAUL DURAN, ACCOUNTANT

cc: file