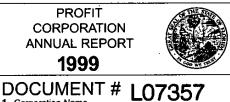
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

MOTOR VESSEL BLUE RUNNER, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## **FILED** Mar 26, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

03-26-1999 90022 012 \*\*\*150.00

<b>3</b>       <b>3    </b>	

## Mailing Address Principal Place of Business P. O. BOX 309 P. O. BOX 309 HIGHLAND VIEW HIGHLAND VIEW DO NOT WRITE IN THIS SPACE PORT ST JOE FL 32456 PORT ST JOE FL 32456 3. Date Incorporated or Qualifed 08/01/1989 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-30602<u>50</u> Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip 8. This corporation owes the current year Intangible Zip Country □No 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RAFFIELD, CARL EUGENE SR 82 Street Address (P.O. Box Number is Not Acceptable) CANAL STREET HIGHLAND VIEW 83 PORT ST JOE FL FL 32456 85 Zip Code 84 City

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 re	egistered agent, or both, in the State of Florida. Such change was aut in familiar with, and accept the obligations of, Section 607.0505, Florid	horized by the corpo la Statutes.	oration's board of directors. I hereby accept the appointment as regi	stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature re	PATE	
	organization types of printed making of regions and analysis of the printed making of th	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	2S IN 12
12.	OFFICERS AND DIRECTORS		Change	Addition
TITLE	D DELETE	1.1 TITLE		☐ Addition
NAME	raffield, carl Eugene Sr.	1.2 NAME	•	
STREET ADDRESS	CANAL ST HIGHLAND VIEW	1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST JOE FL	1.4 CfTY-ST-ZiP		
TITLE	DELETE	2.1 TITLE	☐ Change	Addition
NAMÉ		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TILE	☐ DELETÉ	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		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	☐ OELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME	l, .	
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accorate and that my signature shall have the same legal effect as if made under oath; that I am an bowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in thress, with all other like empowered. 14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trustee Block 12 or Block 13 if changed, or on an attachment with an

SIGNATURE:

CR2E034 (11/98)