FILED Apr 12, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000004484

1. Corporation Name

WAGNER STONEWARE, INC.

| Principal Place of Business Mailing Address                 |  |  |                          |                   |           | F IMMEIMBE rem imimm rette gidter hat                 |              | PRITT WINIT WINE | MI   1   W   W   1   W   W |
|---|--|--|--------------------------|-------------------|-----------|---|--------------|------------------|----------------------------|
| DBA BLUEWATER POTTERS 71 MUTINY PLACE                       |  |  |                          |                   | l         |   |              |                  |                            |
| 86745 OLD HWY. KEY LARGO FL 33036<br>ISLAMORADA FL 33036 US |  |  |                          |                   | • •       | DO NOT WRITE IN THIS SPACE                            |              |                  |                            |
| ISLAMORADA FL 33036 US US                                   |  |  |                          |                   |           | 3. Date Incorporated or Qualifed                      |              | <del></del>      |                            |
| 00  |  |  |                          |                   |           | 01/14/1993  |              |                  |                            |
| 2. Principal Pl   | ace of Business  | 2a. Mailing Address  |                          | <del></del>       |           | 4. FEI Number   |              | Ap               | plied For                  |
| 26  |  |  |                          |                   |           | 65-0381259  |              | No               | t Applicable               |
| Suite, Apt. #, etc. Suite, Apt. #, etc.                     |  |  |                          |                   |           | 5. Certifcate of Status Desired                       |              | \$8.75           |                            |
| 22 27   |  |  |                          |                   |           | J. Certificate of Grands Desired                      |              | Fee Re           | ·                          |
| City & State City & State                                   |  |  |                          | · -               |           | 6. Election Campaign Financing                        |              | - \$5.00         | ,                          |
| 23 28 2   |  |  | 01-                      |                   |           | Trust Fund Contribution                               |              | Added t          | o Fees                     |
| — <del>- "</del> — — — — — — — — — — — — — — — — — —        |  |  | Countr                   | У                 |           | 8. This corporation owes the curre                    | ent year Int | angible<br>Yes   | □No                        |
| 24  | 9. Name and Address of Curren  |  | 0                        |                   |           | Personal Property Tax.  10. Name and Address of New R | egistered    |                  |                            |
|   | s. name and Address of Curren  | r registeren wägitt  | 81                       | Name              |           | Visiting with - tank and de visit to                  | - g          |                  |                            |
| Wagner, Kirk  |  |  |                          |                   |           |   |              |                  |                            |
| 71 MUTINY PLACE   |  |  | 82                       | Street A          | Adates    | ss (P.O. Box Number is Not Accepta                    | DIE)         |                  | Ì                          |
| KEY LARGO FL 33037  |  |  | 8:                       | 3                 |           |   |              |                  |                            |
|   |  |  | _                        |                   |           | <u> </u>  |              |                  | Code                       |
|   |  |  |                          | 4 City            |           |   | FL           | 85   Zip (       | -0ue                       |
| 11. Pursuant  | to the provisions of Sections 607.050  | 2 and 607.1508, Florida Statutes                                       | , the abov               | ve-named o        | corpor    | ration submits this statement for the                 | purpose of   | changing its     | registered                 |
| office or n   | egistered agent, or both, in the State<br>m familiar with, and accept the obliga | of Florida. Such change was auti<br>tions of, Section 607.0505, Florid | norized by<br>la Statute | y the corpo<br>s. | oration   | is board of directors. Thereby accep                  | и ше арро    | illineni as ie   | gistered                   |
| SIGNATURE   |  | •  |                          |                   |           |   |              |                  | Į.                         |
|   | Signature, typed or printed name of registered age                               |  |                          | ent signature re  | v beniupe | when reinstating)                                     | DATE         | ID DIDEOTO       | DC IN 40                   |
| 12.   |  |  | 13.                      |                   |           | ADDITIONS/CHANGES TO OF                               | FICERS AF    | Change           | Addition                   |
| TITLE   | -  |  | 1.1 TITLE                |                   |           |   |              | Gridinge         |                            |
| NAME  | AAL Family of A property   |  | 1.2 NAME                 |                   |           |   |              |                  | 1                          |
| STREET ADDRESS  | ,  |  |                          | ET ADORESS        |           |   |              |                  |                            |
| CITY-ST-ZIP   |  |  | 1.4 CITY-<br>2.1 TITLE   |                   |           |   |              | ☐ Change         | Addition                   |
| TITLE   | _  |  |                          | Į.                |           |   |              |                  |                            |
| NAME  | ***************************************  |  | 2.2 NAME                 |                   |           |   |              |                  |                            |
| STREET ADDRESS.   | ,  |  |                          | ET ADDRESS        |           |   |              |                  | Ì                          |
| CITY-ST-ZIP   |  |  | 2. 4 CITY-<br>3.1 TITLE  | $\overline{}$     | <b>-</b>  |   |              | Change           | ☐ Addition                 |
| TITLE -   | <del>-</del>   |  | 3.2 NAME                 |                   |           |   |              |                  | _                          |
| NAME  |  |  |                          | ET ADDRESS        |           | -   |              |                  |                            |
| STREET ADDRESS  |  |  | 3.4. CITY-               |                   |           |   |              |                  | }                          |
| CITY-ST-ZIP   |  |  | 4.1 TITLE                |                   |           |   |              | ☐ Change         | Addition                   |
| NAME  | _  |  | 4. 2 NAME                |                   |           |   |              | _ •              | _                          |
| STREET ADDRESS  | `  |  | 1                        | ET ADDRESS        |           |   |              |                  |                            |
|   |  |  | 4.4 CITY-                |                   |           |   |              |                  |                            |
| CITY-ST-ZIP<br>TITLE  |  |  | 5.1 TITLE                | -                 |           | · ·   |              | Change           | Addition                   |
| NAME  |  |  | 5.2 NAME                 |                   |           |   |              | -                | ļ                          |
| STREET ADDRESS  |  |  |                          | ET ADDRESS        |           | ,   |              |                  | 1                          |
| CITY-ST-ZIP   |  |  | 5.4 CITY-                |                   |           | -   |              |                  |                            |
| TITLE   |  | ☐ DELETE   | 6.1 TITLE                |                   |           |   |              | ☐ Change         | ☐ Addition                 |
|   |  | <del>-</del>   | 6.2 NAME                 |                   |           |   |              |                  | ļ                          |

14. I 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 reporter 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 feceive or mustee 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 attention that my name appears in the feet of the corporation of the feet of the feet of the corporation of the feet of the f

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CEQUIRED ST