

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000022966 (4)

1. Corporation Name

BLUE DEVIL CORP.



Principal Place of Business

Mailing Address

28059 U.S. 19 NORTH
SUITE 203
CLEARWATER FL 34621

28059 U.S. 19 NORTH
SUITE 203
CLEARWATER FL 34621

2. Principal Place of Business

21 28059 U S Hwy 19 N

2a. Mailing Address

26 28059 U S Hwy 19 N

Suite, Apt. #, etc.

22 Suite 100

Suite, Apt. #, etc.

27 Suite 100

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip

24 34621

Country

25 USA

Zip

29 34621

Country

30 USA

9. Name and Address of Current Registered Agent

KIMPTON, WILLIAM J ESQ.
28059 U.S. HWY. 19 N., SUITE 203
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

KIMPTON, WILLIAM J ESQ

82 Street Address (P.O. Box Number is Not Acceptable)

28059 U S Highway 19 N Suite 100

83

84 City

Clearwater

FL

85 Zip Code

34621

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

Signature of registered agent or officer or director

Signature of Registered Agent (Signature required when registering)

4/22/96

Date

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME KIMPTON, WILLIAM J
STREET ADDRESS 28059 U.S. HWY. 19 NORTH
CITY-ST-ZIP CLEARWATER FL 34621

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Kimpton, President

4/22/96

Date

813-791-0063

Deputy Phone #

CR2E034 (12/95)