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

Mailing Address

SUITE 100

28059 US HWY 19 N

PROFIT **CORPORATION** 'ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022966

BLUE DEVIL CORP.

Principal Place of Business

28059 US HWY 19 N SUITE 100

CLEARWATER F	LEARWATER FL 33761 CLEARWATER FL 33761				DO NOT WRITE IN THIS SPACE		
US	US				3. Date Incorporated or Qualifed		
					03/26/1993		
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For	
 ¬	26				59-3175228	Not Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional	
					5. Certifcate of Status Desired	Fee Required	
27					6. Election Campaign Financing	\$5.00 May Be	
<u> </u>	28				Trust Fund Contribution	Added to Fees	
23 Zip			Country		This corporation owes the current year Inta		
	25 29 30					∐Yes □No	
24	9. Name and Address of Curren	<u> </u>	<u> </u>		10. Name and Address of New Registered A		
		i Nagistereu Again	81	Name	7,5	-	
KIME	PTON, WILLIAM J ESQ.	*** *** ***					
28090 US HIGHWAY 19N SUITE 100				Street Addr	ress (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 33761			83		# 1	1995年 - 1995年	
CLE	ANTAICH FE 33701		83				
			84	City		85 Zip Code	
2 h				,	<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	e-named corp	poration submits this statement for the purpose of control has a dispersion to be a second the angular	hanging its registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	norizea by	the corporation	on's board of directors. I hereby accept the appoin	unem as registered	
4., **	in farmal was, and accept the obliga-	dona or, ocodor, correspont tone				,	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Ager	nt signature require	ed when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTORS IN 12	
TITLE	DPST	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	KIMPTON, WILLIAM J	•	1.2 NAME				
STREET ADDRESS	28059 U.S. HWY. 19 NORTH		13 STREE	FADORESS .			
	CLEARWATER FL 33761		1.4 CITY-S	1			
CITY-ST-ZIP TITLE	OLEANWATER TE SOLOT	☐ DELETE	2.1 TITLE	1-211		☐ Change ☐ Addition	
			2.2 NAME				
NAME							
STREET ADDRESS				F ADDRESS			
CITY-ST-ZIP		C DELETE	2.4 CITY-5	ST-ZIP		☐ Change ☐ Addition	
TITLE MAN	Programme Commence	☐ DELETE	3.1 TITLE		• • • •	□ Olicinge □ Macarett	
NAME	and the state of t	•	3.2 NAME				
STREET ADDRESS	, ,		3.3 STREE	TADORESS	. 7		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		7	
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS		, ·	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.2 NAME			,	
STREET ADDRESS	Section 19		5.3 STREE	TADORESS			
	1775x		5.4 CITY-S	T-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
TITLE	2 30 00 1	C1 percie	6.2 NAME			_ , _	
NAME	2.324						
DEDUCET ADDOCCO	1 -		■ 6.3 STREE	TADDRESS			

6.4 CITY-ST-ZIP

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90005 022 ***158.75



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 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

SIGNATURE:

officer or director of the corpor. Block 12 or Block 13 if change

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #