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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000087875 (9)

1. Corporation Name
BLUE DOLPHIN FIBERGLASS POOLS GULF COAST, INCORPORATED

Principal Place of Business

7051 CRYSTAL DRIVE
FT MYERS FL 33907

Mailing Address

7051 CRYSTAL DRIVE
FT MYERS FL 33907-7707



3. Date Incorporated or Qualified
01/01/1994

3a. Date of Last Report
07/01/1996

2. Principal Place of Business
21 982 PONDELLA RD
Suite, Apt. #, etc.

2a. Mailing Address
26 982 PONDELLA RD
Suite, Apt. #, etc.

4. FEI Number
65-0459625
Applied For
Not Applicable

22
City & State
23 N. FORT MYERS, FL
Zip
24 33903
Country
25 USA

27
City & State
28 N. FORT MYERS, FL
Zip
29 33903
Country
30 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IBRAHIM, GREG
7051 CRYSTAL DRIVE
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name GREG IBRAHIM
82 Street Address (P.O. Box Number is Not Acceptable)
982 PONDELLA RD.
83
84 City N. FORT MYERS FL 85 Zip Code 33903

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME IBRAHIM, GREG
STREET ADDRESS 7051 CRYSTAL DRIVE
CITY-ST-ZIP FT. MYERS FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME IBRAHIM, GREG
1.3 STREET ADDRESS 982 PONDELLA RD
1.4 CITY-ST-ZIP N. FORT MYERS, FL 33903

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

CR2E034 (9/96)