

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000083533 (7)

1. Corporation Name

BLUE DOLPHIN HOLIDAY HOMES, INC.



Principal Place of Business

1812 CORAL CIRCLE
NORTH FT. MYERS FL 33903

Mailing Address

1812 CORAL CIRCLE
NORTH FT. MYERS FL 33903

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

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28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

05/01/1995

4. FBI Number

65-0536530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

SEEMANN, ERNEST A
4729 DEL PRADO BLVD.
CAPE CORAL FL 33904

81. Name

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

83

84. City

FL

85. Zip Code

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 person providing the information to the State

Signature of Registered Agent (signature required when registering)

Date

12. OFFICERS AND DIRECTORS

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
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93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

D
SCHELLBACH, HANS J
1812 CORAL CIRCLE
NORTH FT. MYERS FL 33903

P
SCHELLBACH, MONIKA
1812 CORAL CIRCLE
NORTH FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. 1. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
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92. CITY-STATE-ZIP
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94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. 1. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

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-02/15/96--01019--004
***200.00

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 from an attached cover sheet address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-7496

941-997-9521

CR2E034 (12/95)