SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000014887

BLUE BAYOU, INC.

Principal Place of Business	Mailing Address		
117 N.W. RACETRACK RD. FT. WALTON BEACH FL 32547 US	117 N.W. RACETRACK RD. FT. WALTON BEACH FL 32547 US		
2 Principal Place of Rusiness	2a Mailing Address		

FILED Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90005 046 ***550.00



447 4114 840							
	ETRACK RD.		117 N.W. RACETRACK RD.				
	BEACH FL 32547		FT. WALTON BEACH FL 32547			DO NOT WRITE IN THIS SPACE	
US		US					115 SPACE
						3. Date Incorporated or Qualified	
						02/15/1995	
2 Principal P	Place of Business	2a. Maili	ng Address			4. FEI Number	Applied For
						59-3294543	Not Applicable
21		26	6_1_H			39 3294340	\$8.75 Additional
Suite, Apt.	. #, etc.	Suite	, Apt. #, etc.			5. Certificate of Status Desired	T
22		27					Fee Required
City & Stat	te	City	& State			6. Election Campaign Financing	\$5.00 May Be
23	-	28			-	Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Cour	tr.	8. This corporation owes the current year	
	— ´	<u> </u>		\vdash	·· ,	1	Yes X No
24	25	29		30		Intangible Personal Property.	
	9. Name and Address of	of Current Registered	Agent		· . r	10. Name and Address of New Register	ed Agent
					31 Name		
JEN	NKINS, JOHN F			1			
	N.W. RACETRACK RD.				32 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	WALTON BEACH FL 325	540		Ļ			
г.	WALTON BEACH I'L 323	J40			33		
				-	14 05		85 Zip Code
			,		34 City	F	Zip Code
11. Pursuant	t to the provisions of sections	607.0502 and 607.150	8, Florida Statute	es, the abo	ve-named corp	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	nointment as registered
Office or	registered agent, or both, in t am familiar with, and accept	the State of Florida. Su	ion 607.0505. Fla	orida Statı	by the corpora tes.	ation's board of directors. Thereby accept the up	pointation do registered
		the congenione of, ever	,	•			
SIGNATURE	Signature, typed or printed name of rec	nistand agest and title if sonling	hia (Ni	OTF: Registen	d Agent signsture r	required when reinstating) DATE	E
40		CERS AND DIRECTOR			o regont organization		
				8 13		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.		CERS AND DIRECTOR		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS	
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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 Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE

810-869-7424