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

PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000038056**1. Corporation Name

BLUEWATER MINI-STORAGE, INC.

Principal Place of Business Mailing Address								f 1001100t 1to this bill bank bart			1147 0 6 311 1 60 1	
4627 HWY 20 EAST			13	1350 E. JOHN SIMS PARKWAY								
NICEVILLE FL 32578				NICEVILLE FL 32578				•				
บร								DO NOT WRITE IN THIS SPACE				
								Date Incorporated or Qualifed				
							(04/29/1996				
2. Principal Place of Business			2a	Za. Mailing Address				FEI Number		App	olied For	
21			. 26	3				59-338 1532		Not	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75 A	dditional	
22			27	.]			3.	Certificate of Status Desired		Fee Red	quired	
City & State			1	City & State			6.	Election Campaign Financing	-	\$5.00	May Be	
23			28	8			,	Trust Fund Contribution	ا.	Added to	•	
Zip		Country		Zip	Countr	у	8.	This corporation owes the current	year Intang	gible		
24	[3	25	29		30			Personal Property Tax.	Ĺ	Yes	□No	
		and Address of Co	urrent Regis	stered Agent			10.	Name and Address of New Reg	istered Ag	ent		
4.415.46	SED IOHN		JUL AUS		8	1 Name						
MINGER, JOHN W JR. 1350 E. JOHN SIMS PARKWAY				82 Street Addre			ess (P.	ess (P.O. Box Number is Not Acceptable)				
								Little Carlo and Arthur Land Carlo C				
NICEVILLE FL 32578				83		3		一个好性 安克德沙特 鐵鐵			海路數	
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11. Pursuant	to the provision	ons of Sections 607	7.0502 and 6	807:1508,⊱Iorida Statu	utes, the abo	ve-named corpo	oration	submits this statement for the pur	rpose of ch	anging its i	registerea	
agent. La	ım familiar wit	h, and accept the c	obligations of	f, Section 607.0505, Fl	authorized by Iorida Statute	y the corporations.	on s boa	ard of directors. I hereby accept the	ne appointr	nent as reg	jisterea	
agent. I a								•		nent as reg	jisterea 	
SIGNATURE		or printed name of registers	ed agent and title	if applicable. (NOT	E: Registered Ag	y the corporations. S. ent signature required	d when rei	instating)	DATE	<u> </u>		
SIGNATURE	Signature, typed o	or printed name of registers		if applicable. (NOT	E: Registered Ag	ent signature required	d when rei	•	DATE ERS AND	DIRECTO	RS IN 12	
SIGNATURE 12. TITLE	Signature, typed o	or printed name of registers OFFICER	ed agent and title	if applicable. (NOT	TE: Registered Age 13. 1.1 TITLE	ent signature required	d when rei	instating)	DATE ERS AND	<u> </u>		
SIGNATURE 12. TITLE NAME	PD MINGER, J	OFFICER	ed agent and title	if applicable. (NOT	13. 1.1 TITLE	ent signature required	d when rei	instating)	DATE ERS AND	DIRECTO	RS IN 12	
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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 dorporation 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

MARCE XIE. S. S. S.

BOEWLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90036 046 ***150.00

(850)678-5161

☐ Change

☐ Addition