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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600038825 (1)

BLUE RIVER GALLERY, INC.

Principal Prace of Business

Mailing Address

FILED
May 12 1997 8:00am
Secretary of State



		1714 BELMONTE AVE. IACKSONVILLE FL 32207-3118			
				3. Date Incorporated or Qualified 05/01/1996	3a. Date of Last Report
2. Pringipal Piac	e of flusiness	2a. Mailing Address		4. FEI Number	Applied For
21 D/4C	. Kiva ballery	26 2002 San	n Marco Blu	d 59-3377211	Not Applicable
Suite, Apt. #, 22 2007	San Marco Ard	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	ksonville FC	City & State 28 Jackson	ville, FC	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32	201 25 FUSA	29 32207	Country USA	8. This corporation has liability for i Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Current R	egistered Agent		10. Name and Address of New Re	gistered Agent
CRAVE	N, JANE C		81 Name	TAME C CHAIN	0
	RELMONTE ÁVE. ODVALLE FL 32207		82 Street Addr	ess (P.O. Box Number is Not Acceptab	Are
			83	- IP	
		•	عل الم	LE SON WILL	leal to Out
			84 City	«Kemville	FL 85 Zin Code 32205
11. Pursuant to	the provisions of Sections 607.0502 a	nd 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the p	
office or reg agent Tam	estered agent, or both // the State of I tamilia with, and accept the obligation	Florida. Such change was a ns of Section 607 0505. Flor	uthorized by the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	t the appointment as registered
S/GNATURE	() ent a-			41	20/91
	profess type the printed name of registered agent as	iditile if applicable (NO1E	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND D	IRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
1011	Director	☐ DELETE	1.1 TITLE		Change Addition
NAME	Jane Craven.	. ^	1.2 NAME		
STREET ADDRESS	1354 Eddurod	tus.	1.3 STREET ADDRESS		
City-St-ZiP	Jacksonville,	FC 32505	1.4 CITY-ST-ZIP		
Tilet	Financial Office	DELETE	2.1 TITLE		Change Addition
NAME	William Icwas		2.2 NAME		
STREET ADDRESS	1354 Fascwood	Ane S	2.3 STREET ADDRESS		
€11Y - \$1 - ZIP	125 - Lasting	F1 32205	2.4 CITY-ST-ZIP		•
THE	Jack 30 X O. Itis	DELETE	3.1 TITLE		Change Addition
NAM!			3.2 NAME		- •
STREET ADDRESS			3.3 STREET ADDRESS		
CITY ST-ZIP			3.4. CITY-ST-ZIP		
7016		☐ DELETE	4.1 TITLE		Change Addition
NAM:			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C(TY-ST-7)P			4.4 City-ST-ZiP		
70118		DELETE	5.1 TiTLE		Change Addition
NAME.			5.2 NAME		
STHEET ADDRESS			5.3 STREET ADDRESS		
City-St-7iP			5.4 CHTY-ST-ZIP		
TILLE		DELETE	6.1 TITLE	But and a second	Change Addition
NAME			6.2 NAME		
STREET ADDRESS					
			6.3 STREET ADDRESS		
CHY-SI-ZIP			6.4 CITY - ST-ZIP		

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; the Lam an other or director of the corporation of the receiver of 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 of an attachment with an address.

SIGNATURE:

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/30/87 (904)396-938