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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000049292 (1)** 

BLUE GABLES, INC.

SIGNATURE:

Principal Place of Business Mailing Address 125 N. RIDGEWOOD AVE. 125 N. RIDGEWOOD AVE. DAYTONA BEACH FL 32114-3258 DAYTONA BEACH FL 32114 3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1996 2. Principal Fiane of Business 2a. Mailing Address 4. FEI Number Applied For 59-3383927 26 Not Applicable Suite, Apt. #, etc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zιp 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BECKS, BERRIEN H SR. 125 N. RIDGEWOOD AVE. 62 Street Address (P.O. Box Number is Not Acceptable) **DAYTONA BEACH FL 32114** 83 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. Lam familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE Sign if in Hyperi or pershed have of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. Change Addition \_\_\_ DELETE 1.1 TITLE TIH BECKS, BERRIEN H SR. 1.2 NAME NAME 125 N. RIDGEWOOD AVE. 1.3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 1.4 CITY-ST-ZIP CITY-SE ZII DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STHEET ALBUHESS 2 4 CITY-ST-ZIP CITY-ST ZIP DELETE Change Addition 31 TITLE TILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CHTY-ST-ZIP C TY - 51 - ZiP DELETE Change Addition 1910 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS: 4.4 CITY - ST- ZIP 0:17 - ST - 7IP DELETE Change Addition 5 1 TITLE 71115 5.2 NAME NAME 5 3 STREET ADDRESS SHREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST 70 DELETE Change Addition 6 1 TITLE 10.4 6.2 NAME NAME STREET ACRORESS 63 STREET ADDRESS 016Y - \$1 - 761 14. I do hereby certify that the information supplied with this filling 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 supplience that 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 comporation 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 Juhanged, or of applittachment with an address. 64 CITY-ST-ZIP

DIRECTOR

2/21/97

(904) 252 - 2000