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 # P96000049292

BLUE GABLES, INC.					
Principal Place of Business	Mailing Address			j (militud) est (diita diiti) maest aa	
125 N. RIDGEWOOD AVE. DAYTONA BEACH FL 32114		125 N. RIDGEWOOD AVE. DAYTONA BEACH FL 32114			
			İ	 Date Incorporated or Qualifed 06/07/1996 	
2. Principal Place of Business	2a. Mailing Addres	ss		4. FEI Number	
21	26			<u>59-3383927</u>	
Suite, Apt. #, etc.	Suite, Apt. #, e	etc.		5. Certifcate of Status Desired	
City & State	City & State			6. Election Campaign Financing	
23	28		1	Trust Fund Contribution	
	Country Zip	Country		8. This corporation owes the cur	
24 25	29	30		Personal Property Tax. PA	
9. Name and Address of Current Registered Agent				10. Name and Address of New	
BECKS, BERRIEN I		81		s (P.O. Box Number is Not Accept	

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90060 033 ***150.00



DO NOT WRITE IN THIS SPACE

This corporation owes the current year Intangible

Name and Address of New Registered Agent

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

Personal Property Tax. PAID

BECKS, BERRIEN H SR. 125 N. RIDGEWOOD AVE. DAYTONA BEACH FI. 32114			Name						
			Street Address (P.O. Box Number is Not Acceptable)						
10147 021011 12 02111					<u> </u>				
		84	City			FL	85) Zip C	ode	
egistered agent, or both, in the State of Florida, Such	change was autho	rized by	the corpo	corporation submits this staten oration's board of directors. I he	nent for the purpo ereby accept the	se of c appoint	hanging its ment as reg	registered jistered	
<u>. </u>				· · · · · · · · · · · · · · · · · · ·		 -			
			nt signature n				DIDECTO	DC IN 12	
				ADDITIONS/CHANG	ES TO OFFICE	(S ANL		Addition	
							☐ Orlande		
	•	1.2 NAME		,	•				
125 N. RIDGEWOOD AVE.	E .	1.3 STREET	TADDRESS (
DAYTONA BEACH FL 32114		1.4 CITY-S	T-ZIP						
	☐ DELETE	2.1 TITLE	_				☐ Change	Addition	
	i	2.2 NAME							
		2.3 STREE	T ADDRESS						
		2. 4 CITY-8	ST-ZIP						
	☐ DELETE	3.1 TITLE	-			,	Change	Addition	
	Į.	3.2 NAME							
		3.3 STREE	TADDRESS						
		3.4. CITY- S	ST-ZiP						
	☐ DELETE	4 1 TITLE					Change	Addition	
		4. 2 NAME							
		4.3 STREE	TADDRESS						
		4.4 CITY-S	T-ZIP						
	☐ DELETE	5.1 TITLE					☐ Change	Addition Addition	
		52 NAME							
		5.3 STREE	T ADDRESS						
		5.4 CITY-S	T-ZIP						
	DELETE	6.1 TITLE					Change	Additio	
		6.2 NAME							
	ļ	6.3 STREE	TADDRESS						
		6.4 CITY-S	T-ZIP						
	N. RIDGEWOOD AVE. TONA BEACH FL 32114 to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS D BECKS, BERRIEN H SR. 125 N. RIDGEWOOD AVE. DAYTONA BEACH FL 32114	N. RIDGEWOOD AVE. FONA BEACH FL 32114 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, it egistered agent, or both, in the State of Florida. Such change was author familiar with, and accept the obligations of, Section 607.0505, Florida Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS DELETE BECKS, BERRIEN H SR. 125 N. RIDGEWOOD AVE. DAYTONA BEACH FL 32114 DELETE DELETE DELETE	AS, BERRIEN H SR. N. RIDGEWOOD AVE. IONA BEACH FL 32114 83 44 It to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above egistered agent, or both, in the State of Florida. Such change was authorized by m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes Signisture, typed or printed name of registered agent and bite if applicable. OFFICERS AND DIRECTORS DELETE 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 1.3 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.3 TITLE 3.3 STREE 4.4 CITY-S 4.7 NAME 4.3 STREE 4.4 CITY-S 5.7 NAME 4.3 STREE 4.4 CITY-S 5.7 NAME 5.3 STREE 5.4 CITY-S 5.7 NAME 6.3 STREE 5.4 CITY-S 5.7 NAME 6.3 STREE 6.3 S	AS, BERRIEN H SR. N. RIDGEWOOD AVE. FONA BEACH FL 32114 B4 City to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named egistered agent, or both, in the State of Florida. Such change was authorized by the corpor familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 1.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 1.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	AS, BERRIEN H SR. N. RIDGEWOOD AVE. FONA BEACH FL 32114 83 84 City To the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this staten egistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I he m familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. Signature, typed or printed name of registered agent and the if applicable. OFFICERS AND DIRECTORS DELETE 13. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-2P DELETE 14. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-2P DELETE 14. TITLE 33. STREET ADDRESS 34. CITY-ST-2P DELETE 41. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-2P DELETE 51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-2P DELETE 55. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-2P DELETE 54. TITLE 55. NAME 55. STREET ADDRESS 56. CITY-ST-2P DELETE 61. TITLE 62. NAME 63. STREET ADDRESS	Street Address (P.O. Box Number is Not Acceptable) RS, BERRIEN H SR. N. RIDGEWOOD AVE. TONA BEACH FL 32114 83 84	AS, BERRIEN H SR. N. RIDGEWOOD AVE. TO the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of degistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed rame of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) DATE	AS, BERRIEN H SR. N. RIDGEWOOD AVE. IONA BEACH FL 32114 B4 City FL 85 Zip C 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 egistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as regim familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. NoTE Registered Agent signature required virtue returns to the purpose of changing its egistance virtue appointment as regim familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. NoTE Registered Agent signature required virtue returns to the purpose of changing its registered Agent signature required virtue returns to the purpose of changing its registered Agent signature required virtue returns to the purpose of changing its registered Agent signature required virtue returns to the purpose of changing its registered Agent signature required virtue returns to the purpose of changing its registered Agent signature required virtue returns to the purpose of changing its registered Agent signature required virtue returns to the purpose of changing its registered Agent signature required virtue returns to the purpose of changing its registered Agent signature required virtue returns to the purpose of changing its registered Agent signature required virtue returns to the purpose of changing its registered Agent signature required virtue returns to the purpose of changing its registered Agent signature required virtue returns to the purpose of changing its registered Agent signature required virtue returns returns returns to the purpose of changing its registered Agent signature required virtue returns retu	

officer or director of the corporation or 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 open attachment with an address, with all other like empowered.

SIGNATURE: