

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

FILED
Jun 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000092529

1. Corporation Name
Bluewater Builders
66 Hypolita Street
St. Augustine, Fl. 32084

Principal Place of Business Mailing Address

Same as above

3. Date Incorporated or Qualified
Nov. 7, 1996

3a. Date of Last Report
n/a

4. FEI Number
59-3399422

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Carolyn E. Mathis
P.O. Box 1683
St. Augustine, Fl. 32085

81 Name
82 Aesa C. Jarvis
83 Street Address (P.O. Box Number is Not Acceptable)
201 C Street
84 City
St. Augustine FL 85 Zip Code
32086

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Aesa C. Jarvis Aesa C. Jarvis (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME President
STREET ADDRESS Carolyn E. Mathis
CITY-ST-ZIP P.O. Box 1683 66 Hypolita St
St. Augustine, Fl. 32085

11 TITLE ☐ Change ☒ Addition
12 NAME President
13 STREET ADDRESS Aesa C. Jarvis
14 CITY-ST-ZIP 201 C Street 80%
St. Augustine, Fl. 32086

TITLE ☐ DELETE
NAME Vice President
STREET ADDRESS Carolyn E. Mathis
CITY-ST-ZIP P.O. Box 1683 66 Hypolita St
St. Augustine, Fl. 32085

21 TITLE ☐ Change ☒ Addition
22 NAME Vice President
23 STREET ADDRESS Carolyn E. Mathis
24 CITY-ST-ZIP P.O. Box 1683 66 Hypolita St
St. Augustine, Fl. 32085

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 on an attachment with an address

SIGNATURE: Aesa C. Jarvis 5-20-97 904-829-1661

CR2E034 (9/96)