

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

000121

PROFIT  
CORPORATION  
**Reinstatement**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # **P96000092529**

1. Corporation Name

**BLUEWATER BUILDERS A.B.A. INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 99-00

Principal Place of Business

Mailing Address

66 HYPOLITA STREET  
ST. AUGUSTINE FL 32084

P.O. BOX 1683  
ST. AUGUSTINE FL 32085

3. Date Incorporated or Qualified

11/07/1996

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JARVIS, AESA C  
201 C STREET  
ST. AUGUSTINE FL 32086

81. Name

CAROLYN ELAINE MATHIS

82. Street Address (P.O. Box Number is Not Acceptable)

210 6TH STREET

84. City

ST. AUGUSTINE

FL

85. Zip Code

32084

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 CAROLYN ELAINE MATHIS  
Signature, typed or printed name of registered agent and title if applicable.

Carolyn Elaine Mathis  
(NOTE: Registered Agent signature required when reinstating)

3-10-2000  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE

NAME **MATHIS, CAROLYN E**

STREET ADDRESS **66 HYPOLITA STREET**

CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **P** ☒ DELETE

NAME **JARVIS, AESA C**

STREET ADDRESS **201 C STREET**

CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

**PRESIDENT**

☒ Change ☐ Addition

1.2 NAME

**CAROLYN ELAINE MATHIS**

1.3 STREET ADDRESS

**210 6TH STREET**

1.4 CITY-ST-ZIP

**ST. AUGUSTINE, FL 32084**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**100003203881--1**

**04/11/00--01039016** ☒ Change ☐ Addition  
**\*\*\*\*908.75 \*\*\*\*908.75**

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 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, with all other like empowered.

SIGNATURE: CAROLYN ELAINE MATHIS **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-2000

Date

904-462-7351

Daytime Phone #

CR2E034 (11/98)