

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90199 039 ***150.00

DOCUMENT # P97000072195

1. Corporation Name

BLUEWATER BAY STEWART REALTY, INC.

Principal Place of Business

Mailing Address

XXXXXX
XXXXXX
XXXXXX

111 VETERANS BLVD
SUITE 1020
METAIRIE LA 70005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

72-1419391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 111 Veterans Blvd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1020

27

City & State

City & State

23 Metairie, La.

28

Zip

Country

Zip

Country

24 70005

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

XXXXXX
XXXXXX
XXXXXX

HUSTON, GARY W
3 WEST GARDEN ST
PENSACOLA FL 32501

81 Name

Gary W. Huston

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

125 W. Romana Street Suite 800

83

84 City

Pensacola

FL

85 Zip Code

32591

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CHBD ☐ DELETE

NAME STEWART, FRANK B JR

STREET ADDRESS 111 VETERANS BLVD., SUITE 1020

CITY-ST-ZIP METAIRIE LA 70005

TITLE CEO ☐ DELETE

NAME MCNAMARA, JOHN C II

STREET ADDRESS 111 VETERANS BLVD., SUITE 1020

CITY-ST-ZIP METAIRIE LA 70005

TITLE S/T ☐ DELETE

NAME JARRETT, KEITH A JR

STREET ADDRESS 111 VETERANS BLVD., SUITE 1020

CITY-ST-ZIP METAIRIE LA 70005

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)