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 # P97000084410

1. Corporation Name

BLUEWATER TROLLING BAITS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

261 NORTH ALTERNATE ATA UNIT B JUPITER FL 33477

261 NORTH ALTERNATE A1A UNIT B JUPITER FL 33477

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90005 001 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

09/30/1997 4. FEI Number

65-0786657

5. Certificate of Status Desired

6. Election Campaign Financing

23		28	_			Trust	t Fund Contributi	on		Added t	o Fees
Zip	Country	Zip		Country		8. This	corporation owe:	s the current	year Inta	ngible	_
24	25	29	30				onal Property Ta			☐ Yes	□No
,	9. Name and Address of Current	Registered Ager	nt			10. Nam	e and Address	of New Regi	stered A	\gent	
B) 44				81	Name						
BLACK, RICHARD 15 BAY HARBOR ROAD TEQUESTA FL 33469				82	Street Addre	ress (P.O. B	ox Number is No	t Acceptable))		
						<u> </u>					
				83							
				84	City					85 Zip (Code
					•				<u>FL</u>	<u> </u>	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such ch	ange was author	ized by	the corporatio	oration subr on's board o	mits this statement of directors. I here	nt for the purp eby accept the	pose of c e appoin	changing its tment as re	registered gistered
SIGNATURE									DATE		
40	Signature, typed or printed name of registered agent a			tered Agen	t signature required		TIONS/CHANGE	•		D DIRECTO	RS IN 12
12.	OFFICERS AND			13. 1.1 TITLE		AUDI	HONS/CHANGE	3 TO OFFICE	ENG AN	☐ Change	Addition
TITLE				1.2 NAME						_ •	_
NAME	BLACK, RICHARD				ADODEOG						
STREET ADDRESS	15 BAY HARBOR ROAD			1.3 STREET	1						
CITY-ST-ZIP	TEQUESTA FL 33469			1.4 CITY-ST 2.1 TITLE	-ZIP				·	Change	Addition
TITLE	SDV	_			ļ						<u></u>
NAME	BLACK, KATHERINE R			2.2 NAME	ADDDESC						
STREET ADDRESS				2.3 STREET			÷ .			:	
CITY-ST-ZIP	TEQUESTA FL 33469			2.4 CITY-ST-ZIP 3.1 TITLE						☐ Change	Addition
TITLE	V NO. TO	_		3.2 NAME	ļ						L
NAMÉ	RIGG, T G	MUT D									
STREET ADDRESS	261 NORTH ALTERNATE A1A U	INII B		3 3 STREET	ł						
CITY-ST-ZIP	JUPITER FL 33477	г-		3.4. CITY-S 4.1 TITLE	1-219					☐ Change	Addition
TITLE		_		4. 1 HILE 4. 2 NAME							
NAME					ADDRESS						
STREET ADDRESS				4.3 STREET	1						
CITY-ST-ZIP				4.4 CITY-S' 5.1 TITLE	1-ZIP					Change	Addition
TITLE		L		52 NAME							—
NAME					ADDRESS						
STREET ADDRESS				5.4 CITY-S	1						
CITY-ST-ZIP				6.1 TITLE						Change	Addition
TITLE			CLCCIC	6.2 NAME							
NAME				6.3 STREET	ADDRESS						١
STREET ADDRESS				6.4 CITY-S							
CITY-ST-ZIP	pertify that the information supplied with	this film - J				Section 110	07/3)/i) Florida	Statutes I for	ther cert	ify that the i	nformation
14. I hereby of indicated	certify that the information supplied with on this annual report or supplemental a	i inis filling does n annual report is tr	or quality for the	and that	on stated in S mv signature	e shall have	the same legal 6	effect as if ma	ide unde	roath; that	l 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.