03-09-1999 90036 032 \*\*\*150.00

## 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 # P9800000473

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

BLUE SPRINGS INVESTMENTS, INC.

DEOL O	Times investments, inc	•										
Principal Place of Business Mailing Address							1	1 (36)(40) (50 )0:01 (3)() DU() U	)   <del> </del>	18311 <b>23</b> 111 BIEN 18	100 1111 1201	
929 N SPRING GARDEN AVE DELAND FL 32724 929 N SPRING GARDEN AVE DELAND FL 32724								DO NOT WR	ITE IN THIS	SPACE		
							3.	Date Incorporated or Qualifed 01/02/1998				
2. Principal Pl	ace of Business	2a. Maili	ng Address		-		1	FEI Number		App	lied For	
21		26						59-3487723	3	Not	Applicable	
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.				_	Certifcate of Status Desired		<b>\$8.75</b> Ad		
22		27					3.	Certificate of Status Besired		Fee Req	uired	
City & State	9	City	& State				6.	Election Campaign Financing		\$5.00 N	/lay Be	
23		28						Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Zip Cou			·	8. This corporation owes the curr			rent year Intangible		
24	25 29 30				]			Personal Property Tax.		☐ Yes [	No	
9. Name and Address of Current Registered Agent							10.	Name and Address of New	Registered	Agent		
				8	1 Nar							
GLASRUD, THEORDORE G					2 Stre			P.O. Box Number is Not Accept	ahle)			
3671 SE FAIRWAY WEST					2 300	33	5° 5	/ SE Fairw	100 E	ust		
STUART FL 34997					3				7			
					4 City	51	tuart FL 85 Zip Code 3455>					
office or re	to the provisions of <u>Sections 607.0502</u> begistered agent, of both, in the State on manifer with, and accept the obligan	Nelonda Su	ch change was autho	onzea b	v tne c	ed corpo orporation	ration n's bo	pard of directors. I flereby acce	pr trie appoi	inineni as regi	egistered istered	
		<b>≥&gt;</b>							2/24 DATE	199	}	
SIGNATURS Signature, types or primed name of registered agent and title if applicable. (NOTE: Register						died Again signature required when remounts)						
12.	OFFICERS ANI	DIRECTOR	RS	13.				ADDITIONS/CHANGES TO O	FICERS AN			
TITLE	President DELETE 1			11 TITLE						☐ Change	☐ Addition	
NAME	Glasrud, Theodore G.			1.2 NAME							}	
STREET ADDRESS	Glasrud, Theodore G. 3354 SE Fairway East				1.3 STREET ADDRESS						}	
CITY-ST-ZIP	Stuart FL 34997			1.4 CITY-ST-ZIP								
TITLE	Stuart FL 34997 Vice President DELETE			2.1 TITLE						☐ Change	☐ Addition [	
NAME	Kuchn, Paul				2.2 NAME						1	
STREET ADDRESS 1801 Rice Creek Rd,				2.3 STREET ADDRESS							Į	
CITY-ST-ZIP					2, 4 CITY-ST-ZIP					-		
TITLE					3.1 TITLE					☐ Change	☐ Addition	
					3.2 NAME						-	
, , , , ,					3.3 STREET ADDRESS						1	
CITY-ST-ZIP				3.4. CITY								
TITLE	Minneapolis,	,	DELETE	4.1 TITLE						☐ Change	Addition	
NAME				4. 2 NAM	E							

6.4 CITY-ST-ZIP 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 feceiver 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-781-0771

☐ Change

☐ Change

☐ Addition

☐ Addition