

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90003 040 ***550.00

DOCUMENT # **P98000030223**

1. Corporation Name

BRIDGEWATER DEVELOPMENT COMPANY, INC.



Principal Place of Business

**1201 HAYS STREET
TALLAHASSEE FL 32301**

Mailing Address

**1201 HAYS STREET
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

59-3502816

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. ☐ Yes ☒ No

2. Principal Place of Business

21 **1420 E. Robinson St.**

2a. Mailing Address

26 **1420 E. Robinson St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Orlando, FL**

City & State

28 **Orlando, FL**

Zip

24 **32801**

Country

25 **USA**

Zip

29 **32801**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**KARR, THOMAS J JR.
527 MAIN STREET
WINDERMERE FL 34786**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Director / Vice-President ☐ Change ☒ Addition

1.2 NAME

Thomas J. Karr

1.3 STREET ADDRESS

527 Main St.

1.4 CITY-ST-ZIP

Windermere, FL 34786

2.1 TITLE

Director / Vice-President ☐ Change ☒ Addition

2.2 NAME

Donald R. Allen, Jr.

2.3 STREET ADDRESS

1420 E. Robinson St.

2.4 CITY-ST-ZIP

Orlando, FL 32801

3.1 TITLE

Director ☐ Change ☒ Addition

3.2 NAME

Lee G. Brown

3.3 STREET ADDRESS

201 Government Ave. SW, Suite 208

3.4 CITY-ST-ZIP

Hickory, NC 28602

4.1 TITLE

Director / Secretary / Treasurer ☐ Change ☒ Addition

4.2 NAME

Thomas Hager

4.3 STREET ADDRESS

13900 Conlan Circle, Suite 240

4.4 CITY-ST-ZIP

Charlotte, NC 28277

5.1 TITLE

Director / Assist. Secretary ☐ Change ☒ Addition

5.2 NAME

R. Keith Townsend

5.3 STREET ADDRESS

201 Government Ave. SW, Suite 208

5.4 CITY-ST-ZIP

Hickory, NC 28602

6.1 TITLE

Director, President ☐ Change ☒ Addition

6.2 NAME

Edward Neill

6.3 STREET ADDRESS

2965 Tate Blvd. S.E.

6.4 CITY-ST-ZIP

Hickory, NC 28601

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.

SIGNATURE:

R. Keith Townsend **REQUIRED** **R. Keith Townsend** 7/22/99 828-345-0131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)