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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90186 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000032516

1. Corporation Name
BRIDGEWAY ENTERPRISE, INC.

Principal Place of Business
**1304 OVERBROOK DR.
ORMOND BEACH FL 32174**

Mailing Address
**1304 OVERBROOK DR.
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1998

4. FEI Number

59-3507621

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

2. Principal Place of Business

21 **255 CARSWELL AVE**

Suite, Apt. #, etc.
22 **HOLLY HILL FL**

City & State

23

Zip

24 **32117**

Country

25 **FLORIDA**

2a. Mailing Address

26 **255 CARSWELL AVE**

Suite, Apt. #, etc.
27 **HOLLY HILL FL**

City & State

28

Zip

29 **32117**

Country

30 **FLORIDA**

9. Name and Address of Current Registered Agent

**BRIDGE, MARION W JR
1304 OVERBROOK DR.
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name

BRIDGE MARION W. JR

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

255 CARSWELL AVE

83

84 City

HOLLY HILL

FL

85 Zip Code

32117

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 **D** ☒ DELETE
NAME **BRIDGE, MARION W JR**
STREET ADDRESS **1304 OVERBROOK DR.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **D** ☒ Change ☐ Addition
1.2 NAME **BRIDGE MARION W JR.**
1.3 STREET ADDRESS **255 CARSWELL AVE**
1.4 CITY-ST-ZIP **HOLLY HILL FL 32117**

2.1 TITLE **PRESIDENT CEO** ☒ Change ☐ Addition
2.2 NAME **BRIDGE MARION W. JR.**
2.3 STREET ADDRESS **255 CARSWELL AVE**
2.4 CITY-ST-ZIP **HOLLY HILL FL 32117**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

BRIDGE MARION W JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99 904-323-9966

CR2E034 (11/98)