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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 20, 1999 8:00 am Secretary of State

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BLACKWATER CREEK, INC	5					
Principal Place of Business Mailing Ad	dress			itt aans agina gi		
	ALDWIN ATTN: CHU		(			
1 1500 W CYPRESS STREET SLITE 200 4600 W CYPRESS STREET SLITE 200			1			
TAMPA FL 33807 TAMPA FL 3	3607		DO NOT WRI	TE IN THIS S	SPACE	
			3. Date Incorporated or Qualifed			{
			07/15/1998			
	Address		4. FEI Number		Ap	plied For
21 140 N. WESTSHONE BLUP 28 /410	28 1410 N. WESTSHORE BLYD		59-3532348		No.	ot Applicable
	upt. #, etc.		5. Certificate of Status Desired		\$8.75	
22 #600 27 #6	00		5, Certificate of Gallas Desires		Fee Re	rquired
'City & State City & !	State		6, Election Campaign Financing	П -	\$5.00	May Be
23 TAM/A N 23 Z8 TAM	FA, FL		Trust Fund Contribution	<u> </u>	Added t	o Fees
Zip Country Zip	c	ountry	B. This corporation owes the curr	ent year Intar	ngibie	
24 3360) 25 USA 29 3.	3 60 7 30	USA	Personal Property Tax.		☐ Yes	□No
g. Name and Address of Current Registered Ag	jent	7	10. Name and Address of New F	tegistered A	gent	
		81 Name	<del></del>			1
₹ FOWLER WHITE GILLEN ET AL.		100 65-14	desar (D.O. Day Number in Not Apperle	thia)		
ATTN: R. ALAN HIGBEE, ESQ.		82 Street A	ddress (P.O. Box Number is Not Accepta	iuwa j		1
501 EAST KENNEDY BLVD SUITE 1700		83				
TAMPA FL 33602						
)		84 City		FI	85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508,					handing its	registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE  Signature, good or printed name of registered agent and little If applicable.			quired when reinstating)	DATE		<u> </u>
12. OFFICERS AND DIRECTORS	13					
		<u>,                                    </u>	ADDITIONS/CHANGES TO OF			RS IN 12
TILE J PARSIDENT		TITLE	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
une 1 City CK DAVIS	DELETE 1.1		ADDITIONS/CHANGES TO OF			RS IN 12
d last at A	DELETE 1.1	TILE	ADDITIONS/CHANGES TO OF			RS IN 12
STREET ADDRESS 1410 AL WASTE HOLE BLVD HOOS	☐ DELETE 1.1 1.2 1.3	TITLE NAME	ADDITIONS/CHANGES TO OF			
STREET ADDRESS 1410 N. WOSTSHOLE BLVD HOOD	1.1 DELETE 1.1 1.2 1.3 1.4	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OF			RS IN 12 SAddition Addition
NAME CITY OF DAVIS STREET ADDRESS 1410 M. WESTSHOLE BLVD HOOD CITY-STEP TAMPA &L 33607 TITLE VICE-PLESIOENT	1.1 DELETE 1.1 1.2 1.3 1.4 1.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OF		☐ Change	
NAME CITY OF THE PARTS OF THE P	DELETE 1.1 12 13 14 14 1 DELETE 2.1	TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES TO OF		☐ Change	
NAME  STREET ADDRESS  1410 M. WESTSHOLE BLUD HOOD  TITLE  VICE - PARSIDENT  NAME  TO M. SCHELDORAK  STREET ADDRESS  1410 N. WESTSHOME BLUD HOOD	DELETE 1.1 12 13 14 14 14 12 22 23	TITLE  NAME  STREET ADDRESS  CITY-ST-72P  TITLE  NAME  STREET ADDRESS	ADDITIONS/CHANGES TO OF		☐ Change	
NAME  STREET ADDRESS  1410 M. WESTSHOLE BLUD HOOD  TITLE  VICE - PAGSIOGNT  NAME  STREET ADDRESS  1410 N. WESTSHOME BLUD HOOD  CITY-STATE  TAMPA PL 33607	DELETE 1.1 12 13 14 14 10 DELETE 2.1 22 23 2.4	TITLE  NAME  STREET ADDRESS  CITY-ST-72P  TITLE  NAME  STREET ADDRESS  CITY-ST-22P	ADDITIONS/CHANGES TO OF		Change	Addison
NAME CILLUCK DAVIS STREET ADDRESS 1410 M. WESTSHOLE BLUD HOOD TITLE VICE-PARSIOENT NAME TO M. SCHELDORAK STREET ADDRESS 1410 N. WESTSHOME BLUD #600 CITY-ST-72P TAMPA, PL 33607 TITLE 1	DELETE 1.1 12 13 14 14 15 16 17 18 19 19 19 10 10 10 10 11 11 11 11 11 11 11 11 11	TITLE NAME STREET ADDRESS CITY-ST-73P TITLE NAME STREET ADDRESS CITY-ST-72P TITLE	ADDITIONS/CHANGES TO OF		☐ Change	
NAME  CITY STORES  CITY STORE  TAMPA PL 23607  TITLE  VICE -PRESIDENT  TO M SCHELDORAR  STREET ADDRESS  THIN N. WESTSHOME BLVD #600  CITY STORE  THE ADDRESS  THO N. WESTSHOME BLVD #600  TITLE  NAME	DELETE 1.1 12 13 14 14 10 DELETE 2.1 22 23 2.4 10 DELETE 3.1 32	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS LCTY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES TO OF		Change	Addison
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NAME  STREET ADDRESS  CITY-ST-ZP  TAMPA PL 33607  TITLE  VICE - PLESIOENT  TO M. S CHELDORAK  STREET ADDRESS  CITY-ST-ZP  TAMPA PL 33607  TO M. S CHELDORAK  STREET ADDRESS  CITY-ST-ZP  TAMPA PL 33607  TITLE  NAME  NAME  NAME	DELETE 1.1 12 13 14 14 15 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	ADDITIONS/CHANGES TO OF		Change	Addition Addition
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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 Statutas; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with ephaddress, with all other like empowered.

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CIGN	A 71 10	_
SIGN	AlUI	ΚE