


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90106 002 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000072408</b> 1. Corporation Name <b>BLUE POOL ENTERPRISES, INC.</b>					
Principal Place of Business <b>RT.2 BOX 23</b> <b>JENNINGS FL 32053</b>			Mailing Address <b>RT.2 BOX 23</b> <b>JENNINGS FL 32053</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>08/17/1998</b>					
2. Principal Place of Business <b>21 1200 N.W. 38th Loop</b>		2a. Mailing Address <b>26 1200 N.W. 38th Loop</b>		4. FEI Number <b>593528177</b>	
Suite, Apt. #, etc. <b>22 JENNINGS</b>		Suite, Apt. #, etc. <b>27 JENNINGS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23 FLA</b>		City & State <b>28 FLA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24 32053</b>		Country <b>25 U.S.A.</b>		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>TUNSL, MERRILL C ESQ.</b> <b>505 E. DUVAL ST.</b> <b>LAKE CITY FL 32055</b>			10. Name and Address of New Registered Agent <b>81 Name TUNSL, MERRILL C ESQ</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 505 E. DUVAL ST</b> <b>83 LAKE CITY</b> <b>84 City FLA FL 85 Zip Code 32055</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	WALKER, BERNARD				
STREET ADDRESS	RT.2 BOX 23				
CITY-ST-ZIP	JENNINGS FL 32053				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	WALKER, CHRISTINA J				
STREET ADDRESS	RT.2 BOX 23				
CITY-ST-ZIP	JENNINGS FL 32053				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	BARRETT, CHARLES				
STREET ADDRESS	P.O. BOX 115				
CITY-ST-ZIP	JENNINGS FL 32053				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	WALKER, BERNARD P	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	1200 N.W. 38th Loop				
1.3 STREET ADDRESS	JENNINGS FLA 32053				
1.4 CITY-ST-ZIP					
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	CHRISTINA WALKER J				
2.3 STREET ADDRESS	1200 N.W. 38th Loop				
2.4 CITY-ST-ZIP	JENNINGS FLA 32053				
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	BARRETT, CHARLES				
3.3 STREET ADDRESS	P.O. BOX 115				
3.4 CITY-ST-ZIP	JENNINGS FLA 32053				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: B. Walker **SIGNATURE REQUIRED** BERNARD WALKER 7-27-99 3014  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)