## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **\$60499** 



DIVISION OF CORPORATIONS

## Mar 02, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

03-02-1999 90195 027 \*\*\*150.00

BLACKW	ATER RIVER TOOLS, INC.				
Principal Place	e of Business	Mailing Address		1 (Militia to altri esitt alate tatva sess atent a	
2503 NORTH V STREET PENSACOLA FL 32505-5527 2503 NORTH V STREET PENSACOLA FL 32505-5527 2503 NORTH V STREET PENSACOLA FL 32505-5527					
PENSACOLA FL 32505-5527 PENSACOLA FL 32505-5527 US US				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
	_			06/14/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3083875	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City 9 Stat		City & State		6 Starties Compaign Financing	\$5.00 May Be
City & Stat	<del>e</del> -	28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
<b>23</b>	Country	Zip	Country	8. This corporation owes the current year Int	angible
24	25	29 30	]	Personal Property Tax.	Yes No
	9. Name and Address of Curren			10. Name and Address of New Registered	Agent
WO.	NO DOBERT		81 Name	obort T. Wcislo	addinitial
WCISLO, ROBERT			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<u> </u>
2503 NORTH V STREET PENSACOLA FL 32505					
FEIN	SACOLA FL 32303		83		
			84 City		85 Zip Code
		1 007 1500 FL 01-11-01	<u> </u>	FL	
office or t	enistered agent or both in the State (	of Florida. Such change was autho	orized by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes.		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Rec	jisterød Agent signature required	d when reinstating) DATE	\ \ ,
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	VP	☐ DELETE	1.1 TITLE		Change Addition
NAME	WCISLO, ROBERT		1.2 NAME R	ober + J. Wcislo addi	nitial
STREET ADDRESS	2503 NORTH V STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	21 TITLE		Change
NAME	FORKOIS, CALENE		2.2 NAME	lone C. Forkois add	initial
STREET ADDRESS	2337 BELLEFLOWER RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526	Ed per exe	2.4 CITY-ST-ZIP	<u></u>	☐ Change ☐ Addition
TITLE	ST WORLD LOCKEL C	☐ DELETE	31 TITLE	•	Change Chadulon
NAME	WCISLO, JOSEPH G 2521 ROSEDOWN DRIVE		3.2 NAME		
STREET ADDRESS	CONTONMENT FL 32533		3.3 STREET ADDRESS		
TITLE	CONTONNENT FE 32333	☐ DÉLETE	3.4 CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
			4.2 NAME		
NAME STREET ADDRESS			4.3 STREET ADDRESS		ł
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<del></del>	☐ D€LETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	I		EACTV ST 7ID		

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: