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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S61449

**BRIGHTWATERS HOLDING COMPANY** 

(2)

Mailing Address

## **FILED** Apr 30 1997 8:00am Secretary of State



526 CENTRAL SUITE 200 ST. PETERSBI US	JRG FL 33701	8423 BROOK RD. MCLEAN VA 22102-1738 US		3. Date Incorporated or Qualified 06/21/1991 4. FEI Number	3a. Date of Last Report 04/22/1996	
2. Principal Place of Business		2a. Mailing Address			Applied For	
21		26 526 Certal Ave		59-3071918	Not Applicable	
Sulte, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State 28 St, Reters bury	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25		Country 30 U.S	l	Yes No	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Reg	istered Agent	
	RKER, JEFFREY J.		81 Name			
526 CENTRAL AVE SUITE 200 ST. PETERSBURG FL 33701						
			83			
			84 City		FL 85 Zip Code	
once arr	edistered agent, or noth, in the St	0502 and 607,1508, Ftorida Statutes ate of Florida Such change was au oligations of, Section 607,0505, Flor	illiarized by the corner	orporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registried		Registered Agent signature rec		DATE	
12. TITLE	PTS OFFICERS.	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICE		
NAME	PARKER, JEFFREY J.	ן טנננון:	1.1 TITLE		Change Addition	
STREET ADDRESS	8423 BROOK ROAD		1.2 NAME			
CITY-ST-ZIP	MCLEAN VA		1.3 STREET ADDRESS 1.4 City-St-Zip			
TITLE		DELETE	21 IIILE		Change Addition	
NAME			2 2 NAME		_ Shoring Modified	
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3 1 1ITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	***************************************		3.4. City - S1 - ZIP			
TITLE		☐ DELETE	4.1 Til LE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 C(1Y+S1-Z(P) 5.1 T(T),E		Chapes Addit	
NAME		pertit	<b>3</b>		Change L Addition	
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5.3 STREET ADURESS			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		C Onlaring C Abbullion	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY OF 21D			0.5 OTHER FAITURESS			

14. I do 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 open attachment with an address.