

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V06990** (8)

1. Corporation Name

BLUEWATER AUTO SALES OF FLORIDA, INC.



Principal Place of Business

**4000 BEE RIDGE ROAD
SARASOTA FL 34233**

Mailing Address

**4000 BEE RIDGE ROAD
SARASOTA FL 34233**

3. Date Incorporated or Qualified

01/15/1992

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0317371

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KALBERKAMP, BEVERLY
4000 BEERIDGE ROAD
SARASOTA FL 34233**

81. Name

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

83.

84. City

FL

85. Zip Code

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 or individual applicant

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D KALBERKAMP, MARK**
STREET ADDRESS **1829 INGRAM**
CITY-STATE-ZIP **SARASOTA FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D KALBERKAMP, BEVERLY**
STREET ADDRESS **1829 INGRAM**
CITY-STATE-ZIP **SARASOTA FL**

1.2 NAME

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

2.2 NAME

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

2.3 STREET ADDRESS

SIGNATURE: *Beverly Kalberkamp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**500001795605
-04/26/96-01013--043**

*****400.00**

4-25-96
JR

4-9-96 941-923-4000
Date Daytime Phone

CR2E034 (12/95)