

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V25747** (9)

1. Corporation Name

BLUE BAY POOLS & SPAS, INC.

Principal Place of Business

**1704 GOLFVIEW DR
ROCKLEDGE FL 32955**

Mailing Address

**1704 GOLFVIEW DR
ROCKLEDGE FL 32955**



3. Date Incorporated or Qualified

03/30/1992

3a. Date of Last Report

04/13/1995

4. FEI Number

59-3131902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JACKSON, MICHAEL R.
1704 GOLFVIEW DR
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent

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 is not applicable.

Signature, typed or printed name of registered agent is not applicable.

Date:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, MICHAEL R	
STREET ADDRESS	1704 GOLFVIEW DR	
CITY- ST- ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, LINDA S	
STREET ADDRESS	1704 GOLFVIEW DR	
CITY- ST- ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACKSON, MICHAEL R	
1.3 STREET ADDRESS	1704 GOLFVIEW DR	
1.4 CITY- ST- ZIP	ROCKLEDGE FL 32955	
2.1 TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACKSON, LINDA S	
2.3 STREET ADDRESS	1704 GOLFVIEW DR	
2.4 CITY- ST- ZIP	ROCKLEDGE FL 32955	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CRAWFORD, ANTHONY B	
3.3 STREET ADDRESS	1550 TUNA ST.	
3.4 CITY- ST- ZIP	MERRITT ISLAND, FL 32952	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL R JACKSON

4/30/96

407-631-3002

Date

Daytime Phone

CR2E034 (12/95)