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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32955-3037

3. Date Incorporated or Qualified
03/30/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1535 Cogswell Street

2a. Mailing Address

26 1535 Cogswell Street

Suite, Apt. #, etc.

22 C-24

Suite, Apt. #, etc.

27 C-24

City & State

23 Rockledge, FL

City & State

28 Rockledge, FL

Zip

24 32955

Country

25 US

Zip

29 32955

Country

30 US

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

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JACKSON, MICHAEL R.
STREET ADDRESS 1704 GOLFVIEW DR
CITY- ST- ZIP ROCKLEDGE FL
☐ DELETE

TITLE DST
NAME JACKSON, LINDA S
STREET ADDRESS 1704 GOLFVIEW DR
CITY- ST- ZIP ROCKLEDGE FL
☐ DELETE

TITLE V
NAME CRAWFORD, ANTHONY B.
STREET ADDRESS 1550 TUNA ST
CITY- ST- ZIP MERRITT ISLAND FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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 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: Michael R Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/25/97
Daytime Phone (407) 631-3002

CR2E034 (9/96)