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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 Mailing Address
1704 GOLFVIEW DR 1704 GOLFVIEW DR
ROCKLEDGE FL 32855 ROCKLEDGE FL 32855-3037**

3. Date Incorporated or Qualified 03/30/1992 3a. Date of Last Report 05/01/1996

**2. Principal Place of Business 2a. Mailing Address
21 1535 Cogswell Street 26 1535 Cogswell Street**

4. FEI Number 59-3131902 Applied For Not Applicable

22 C-24 27 C-24

5. Certificate of Status Desired [] \$8.75 Additional Fee Required

23 Rockledge, FL 28 Rockledge, FL

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

24 32955 25 US 29 32955 30 US

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 32855

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 (NOTE: Registered Agent signature required when reinstating) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP JACKSON, MICHAEL R. 1704 GOLFVIEW DR ROCKLEDGE FL	1.1 TITLE	[] Change [] Addition
NAME	JACKSON, MICHAEL R.	1.2 NAME	
STREET ADDRESS	1704 GOLFVIEW DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL	1.4 CITY - ST - ZIP	
TITLE	DST JACKSON, LINDA S 1704 GOLFVIEW DR ROCKLEDGE FL	2.1 TITLE	[] Change [] Addition
NAME	JACKSON, LINDA S	2.2 NAME	
STREET ADDRESS	1704 GOLFVIEW DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL	2.4 CITY - ST - ZIP	
TITLE	V CRAWFORD, ANTHONY B. 1550 TUNA ST MERRITT ISLAND FL	3.1 TITLE	[] Change [] Addition
NAME	CRAWFORD, ANTHONY B.	3.2 NAME	
STREET ADDRESS	1550 TUNA ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	3.4 CITY - ST - ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 4/25/97 (407)631-3002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (9/96)