

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 # F26891 (4)

1. Corporation Name
BLUEWATER BAY SERVICES, INC.



Principal Place of Business: **4400 HWY. 20 EAST SUITE 304 NICEVILLE FL 32588-0906**
Mailing Address: **P.O. BOX 5220 NICEVILLE FL 32578 US**

3. Date Incorporated or Qualified: **03/25/1981** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **58-1471740** 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 4540 Highway 20 East**
Suite, Apt. #, etc.:
22 City & State: **23 Niceville, FL**
Zip: **24 32578** Country: **25 Okaloosa**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**WEAVER, DAVID C
4400 HWY. 20 EAST
SUITE 304
NICEVILLE FL 32588-0906**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable): **4540 Highway 20, East**
B3
B4 City: **Niceville** FL B5 Zip Code: **32578**

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 I accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: *Jerome A. Zivan* ~~David C. Weaver~~ ~~Jerome A. Zivan, President~~ DATE: **April 23, 1996**

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ZIVAN, JEROME A | |
| STREET ADDRESS | 4400 HWY. 20 EAST, #304 | |
| CITY - ST - ZIP | NICEVILLE FL 32578 | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | WEAVER, DAVID C | |
| STREET ADDRESS | 4400 HWY. 20 EAST, #304 | |
| CITY - ST - ZIP | NICEVILLE FL 32578 | |
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | MARTIN, ELLEN W. | |
| STREET ADDRESS | 4400 HWY. 20 EAST, #304 | |
| CITY - ST - ZIP | NICEVILLE FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HARRIS, HELENE R. | |
| STREET ADDRESS | 4400 HIGHWAY 20 EAST, STE 304 | |
| CITY - ST - ZIP | NICEVILLE FL | |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 4540 Highway 20 East |
| 1.4 CITY - ST - ZIP | Niceville, FL 32578 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 4540 Highway 20, East |
| 2.4 CITY - ST - ZIP | Niceville, FL 32578 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | ST Andrea Haddix |
| 3.3 STREET ADDRESS | 4540 Highway 20, East |
| 3.4 CITY - ST - ZIP | Niceville, FL 32578 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 4540 Highway 20, East |
| 4.4 CITY - ST - ZIP | Niceville, FL 32578 |
| 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 attached sheet with an address.

SIGNATURE: *Jerome A. Zivan* Jerome A. Zivan, President 4/23/96 (904) 897-6430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)