

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 13 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 # F26891 (4)**  
 1. Corporation Name  
**BLUEWATER BAY SERVICES, INC.**



Principal Place of Business  
**4540 HWY 20 E**  
~~SUITE 304~~  
**NICEVILLE FL 32578**  
 US

Mailing Address  
**P.O. BOX 5220**  
**NICEVILLE FL 32578-5220**  
 US

3. Date Incorporated or Qualified **03/25/1981** 3a. Date of Last Report **05/01/1996**

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent  
**WEAVER, DAVID C**  
**4540 HWY 20 E**  
~~SUITE 304~~  
**NICEVILLE FL 32578**

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

TITLE  DELETE

NAME **PD ZIVAN, JEROME A**

STREET ADDRESS **4540 HWY 20 E**

CITY - ST - ZIP **NICEVILLE FL**

TITLE  DELETE

NAME **VS WEAVER, DAVID C**

STREET ADDRESS **4540 HWY 20 E**

CITY - ST - ZIP **NICEVILLE FL**

TITLE  DELETE

NAME **ST HADDIX, ANDREA**

STREET ADDRESS **4540 HWY 20 E**

CITY - ST - ZIP **NICEVILLE FL**

TITLE  DELETE

NAME **V HARRIS, HELENE R.**

STREET ADDRESS **4540 HWY 20 E**

CITY - ST - ZIP **NICEVILLE FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  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 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: *Helene R. Harris* **Helene R. Harris, Vice President 4/15/97 (904) 897-6430**

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

CR2E034 (9/96)