

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MORTON
Secretary of State
1995

APPROVED
AND
FILED

MAY 11 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000086431 (1)**

BLUE WATER TOURS INC.

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| Principal Place of Business | | Mailing Address | |
| P.O. BOX 431386 BIG PINE KEY FL 33043 | | P.O. BOX 431386 BIG PINE KEY FL 33043 | |

| | |
|--|--------------------------------|
| 3. Date of Incorporation or Qualification | 3a. Date of Last Report |
| 11/23/1994 | |
| 4. FID Number | Approved For |
| 65-053 0761 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under S. 194.02 Florida Statutes. | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State App. # | 26. State App. # |
| 22. City & State | 27. City & State |
| 23. City & State | 28. City & State |
| 24. County | 30. County |

| | | | | | |
|--|--|--|--|--|-----------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| NARENKIVMIUS, JOSEPH F 27 VENETIAN WAY SUGARLOAF SHORES FL 33043 | | | | 81. Name | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83. City | |
| | | | | 84. City | FL 85. Zip Code |

11. Pursuant to the provisions of Sections 607.0907 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 of Registered Agent) _____ (Signature of Registered Agent)
 I, _____, Secretary of State, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N/A) | |
|----------------------------|--|---|--|
| 12.1 NAME | | 13.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2 STREET ADDRESS | | 13.2 NAME | |
| 12.3 CITY, ST, ZIP | | 13.3 STREET ADDRESS | |
| 12.4 CITY, ST, ZIP | | 13.4 CITY, ST, ZIP | |
| 12.5 NAME | | 13.5 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.6 STREET ADDRESS | | 13.6 NAME | |
| 12.7 CITY, ST, ZIP | | 13.7 STREET ADDRESS | |
| 12.8 CITY, ST, ZIP | | 13.8 CITY, ST, ZIP | |
| 12.9 NAME | | 13.9 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.10 STREET ADDRESS | | 13.10 NAME | |
| 12.11 CITY, ST, ZIP | | 13.11 STREET ADDRESS | |
| 12.12 CITY, ST, ZIP | | 13.12 CITY, ST, ZIP | |
| 12.13 NAME | | 13.13 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.14 STREET ADDRESS | | 13.14 NAME | |
| 12.15 CITY, ST, ZIP | | 13.15 STREET ADDRESS | |
| 12.16 CITY, ST, ZIP | | 13.16 CITY, ST, ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and checked and qualify for the exemption stated in Section 194.02(1)(b), Florida Statutes. I further certify that the information included 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 issue this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1, of this report, or on an attached form with an address.

SIGNATURE: Paul W. Brewer - Treas. 5/7/95 304-658-5266
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR