FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F26891 (4)

1. Corporation Name
BLUEWATER BAY SERVICES, INC.

Principal Place of Business	Mailing Address
4400 HWY. 20 EAST SUITE 304 NICEVILLE FL ~~32578-0906~~	P.O. BOX ~~906~~ NICEVILLE FL ~~32588-0906~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1981	3a. Date of Last Report: 04/28/1994
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	26 P.O. Box 5220
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Niceville, FL
Zip 24 32578 / Country 25	Zip 29 32578 / Country 30 USA

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ZIVAN, JEROME A	12 NAME	
STREET ADDRESS	4400 HWY. 20 EAST, #304	13 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	WEAVER, DAVID C	22 NAME	
STREET ADDRESS	4400 HWY. 20 EAST, #304	23 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	XX Change XX Addition
NAME	VAUGHN, JANELLE C (DELETE)	32 NAME	MARTIN, ELLEN W.
STREET ADDRESS	4400 HWY. 20 EAST, #304	33 STREET ADDRESS	4400 Hwy. 20 East, Suite 304
CITY-ST-ZIP	NICEVILLE FL 32578	34 CITY-ST-ZIP	Niceville, FL 32578
TITLE	V	41 TITLE	XX Change X Addition
NAME	FAULK, ALLEN M. (DELETE)	42 NAME	HARRIS, HELENE R.
STREET ADDRESS	4400 HIGHWAY 20 EAST, STE 304	43 STREET ADDRESS	4400 Hwy. 20 E, Suite 304
CITY-ST-ZIP	NICEVILLE FL	44 CITY-ST-ZIP	Niceville, FL 32578
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 V. President April 25, 1995 904/897-6430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Helene R. Harris, Vice President

047588 FF