

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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 32588-0906

P.O. BOX-688-  
NICEVILLE FL 32588-0900  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/25/1981** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 5220

4. FEI Number  
**58-1471740**

Applied For  
Not Applicable

23 City & State

27 City & State

28 Niceville, FL

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

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

24 Zip

25 Country

29 Zip

30 Country

**32578**

**USA**

**32578**

**USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEAVER, DAVID C  
4400 HWY. 20 EAST  
SUITE 304  
NICEVILLE FL 32588-0906**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **ZIVAN, JEROME A**  
STREET ADDRESS **4400 HWY. 20 EAST, #304**  
CITY - ST - ZIP **NICEVILLE FL 32578**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **VS**  
NAME **WEAVER, DAVID C**  
STREET ADDRESS **4400 HWY. 20 EAST, #304**  
CITY - ST - ZIP **NICEVILLE FL 32578**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **ST**  
NAME **VAUGHN, JANELLE C (DELETE)**  
STREET ADDRESS **4400 HWY. 20 EAST, #304**  
CITY - ST - ZIP **NICEVILLE FL 32578**

3.1 TITLE  Change  Addition  
3.2 NAME **ST**  
3.3 STREET ADDRESS **MARTIN, ELLEN W.**  
3.4 CITY - ST - ZIP **4400 Hwy. 20 East, Suite 304  
Niceville, FL 32578**

TITLE **V**  
NAME **FAULK, ALLEN M. (DELETE)**  
STREET ADDRESS **4400 HIGHWAY 20 EAST, STE 304**  
CITY - ST - ZIP **NICEVILLE FL**

4.1 TITLE  Change  Addition  
4.2 NAME **V**  
4.3 STREET ADDRESS **HARRIS, HELENE R.**  
4.4 CITY - ST - ZIP **4400 Hwy. 20 E, Suite 304  
Niceville, FL 32578**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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. 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 on Block 12 or Block 13 if director, or on Block 14 if authorized officer.

SIGNATURE:

*Halene R. Harris, Vice President*

April 25, 1995 904/897-6430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Halene R. Harris, Vice President**