

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G35916

1. Corporation Name

BIG BLUE BUSINESS PARTNERS, INC

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4-26-1983

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 19808 GARDENIA DR

26 4125 EAGLE AV

4. FEI Number

59-2331052

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 SF BB

27

City & State

City & State

23 TEQUESTA FL

28 KEY WEST, FL

Zip County

Zip County

24 33469

25

29 33040

30

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

6. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. This corporation has liability for nondiscrimination under S. 199.052, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASIL AKERS

4125 EAGLE AV

KEY WEST, FL 33040

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

BASIL AKERS

[Signature]

4-25-95

Signature typed or printed name of registered agent and title of application

(SEE Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AKERS, BASIL	P75
NAME	4125 EAGLE AV	
STREET ADDRESS	KEY WEST, FL 33040	
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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	

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-05/09/95--01099--009

****200.00 ****200.00

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 of changes or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

(Date)

407 655-6251

(Typed Name)