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 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H85458** **(8)**

1. Corporation Name

BLUEWATER RACQUET & FITNESS CENTER, INC.

Principal Place of Business	Mailing Address
4400 HWY. 20 EAST PO BOX 5129 NICEVILLE FL 32578	4400 HWY. 20 EAST PO BOX 5129 NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/15/1985**	3a. Date of Last Report: **04/25/1994**
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: **59-2620792** ☐ 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	

9. Name and Address of Current Registered Agent

HANCOCK, STEVEN W.
4400 HIGHWAY 20 EAST
SUITE 401
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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HANCOCK, STEVEN W.	12 NAME	
STREET ADDRESS	4400 HWY 20 EAST #401	13 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	POWELL, GILLIS E. JR.	22 NAME	
STREET ADDRESS	PO BOX 277,NA	23 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	POWELL, DIXIE DAN	32 NAME	
STREET ADDRESS	PO BOX 277,NA	33 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WEATHERS, JAMES C.	42 NAME	
STREET ADDRESS	421 MARTINQUE	43 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HANCOCK, BARBARA C.	52 NAME	
STREET ADDRESS	226 PARKWOOD CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	54 CITY-ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	POWELL, GILLIS E. SR.	62 NAME	
STREET ADDRESS	P.O. BOX 277, NA	63 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	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: Stephen V. Hancock STEPHEN W. HANCOCK President (904) 897-4376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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