

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J94592** (9)
1. Corporation Name
BLUE WATER LEASING, INC.

Principal Place of Business % THOMAS W. CHANCEY 2307 SAN JOSE CIRCLE TAMPA FL 33629	Mailing Address % THOMAS W. CHANCEY 2307 SAN JOSE CIRCLE TAMPA FL 33629
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/22/1987	
25		30		4. FEI Number 59-2849327 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent CHANCEY, THOMAS W. 2307 SAN JOSE CIRCLE TAMPA FL 33629				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	
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	NAME	CHANCEY, THOMAS W.	11 TITLE		12 NAME	
STREET ADDRESS		STREET ADDRESS	2307 SAN JOSE CIRCLE	13 STREET ADDRESS		21 TITLE	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	TAMPA FL	22 NAME		23 STREET ADDRESS	
TITLE	D	NAME	CHANCEY, THOMAS W.	24 CITY-ST-ZIP		31 TITLE	
STREET ADDRESS		STREET ADDRESS	2307 SAN JOSE CIRCLE	32 NAME		33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		41 TITLE	
TITLE		NAME		42 NAME		43 STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS		44 CITY-ST-ZIP		51 TITLE	
CITY-ST-ZIP		CITY-ST-ZIP		52 NAME		53 STREET ADDRESS	
TITLE		NAME		54 CITY-ST-ZIP		61 TITLE	
STREET ADDRESS		STREET ADDRESS		62 NAME		63 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		64 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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:

Thomas W. Chancey

THOMAS W. CHANCEY, Pres 04/15/98 (813) 837-9036

CR2E034 (10/97)