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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:59

DOCUMENT # P39237 (3)

1. Corporation Name
BLUE WATER INN AND MARINA, INC.

Principal Place of Business	Mailing Address
116 TALLOKAS TRAILS MOULTRIE GA 31768 US	116 TALLOKAS TRAILS MOULTRIE GA 31768 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1992
3a. Date of Last Report: 07/05/1994

2. Principal Place of Business
21: 102 Miramar Drive
22: Suite, Apt. #, etc.
23: City & State: Mexico Beach, Fla.
24: Zip: 32410
25: Country: Bay

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 58-1993055 ☐ 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

GUILFORD, CHARLES E.
110 N. 39TH STREET
MEXICO BEACH FL 32410

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	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	BRIGGS, JEFF L	1.2 NAME	
STREET ADDRESS	116 TALLOKS TRAILS	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOULTRIE GA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MOSS, RICK L.	2.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 86	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOERUN GA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MOBLEY, J. MARK	3.2 NAME	
STREET ADDRESS	105 POPLAR TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOULTRIE GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GUILFORD, CHARLES E.	4.2 NAME	
STREET ADDRESS	110 N. 39TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEXICO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HEARD, FRANK S.	5.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 82	5.3 STREET ADDRESS	
CITY-ST-ZIP	PAVO GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BRIGGS, JOHN G.	6.2 NAME	
STREET ADDRESS	721 2ND ST., S.W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOULTRIE GA	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 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: Jeff Briggs Jeff L. Briggs 1-17-95 912-985-3197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0478050 FP