

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 21 1996 8:00 am
Secretary of State

DOCUMENT # **P39237** (3)

1. Corporation Name

BLUE WATER INN AND MARINA, INC.

Principal Place of Business

**102 MIRAMAR DRIVE
MEXICO BEACH FL 32410
US**

Mailing Address

**116 TALLOKAS TRAILS
MOULTRIE GA 31768
US**



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 30

3. Date Incorporated or Qualified

06/15/1992

3a. Date of Last Report

02/20/1995

4. FEI Number

58-1993055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

Signature typed or printed name of registered agent and the corporation

(If the Registered Agent Signature corresponds with the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ST
BRIGGS, JEFF L**
STREET ADDRESS **116 TALLOKS TRAILS**
CITY-STATE-ZIP **MOULTRIE GA**

TITLE ☐ DELETE

NAME **D
MOSS, RICK L.**
STREET ADDRESS **ROUTE 1, BOX 86**
CITY-STATE-ZIP **DOERUN GA**

TITLE ☐ DELETE

NAME **D
MOBLEY, J. MARK**
STREET ADDRESS **105 POPLAR TRAIL**
CITY-STATE-ZIP **MOULTRIE GA**

TITLE ☐ DELETE

NAME **D
GUILFORD, CHARLES E.**
STREET ADDRESS **110 N. 39TH ST.**
CITY-STATE-ZIP **MEXICO BEACH FL**

TITLE ☐ DELETE

NAME **D
HEARD, FRANK S.**
STREET ADDRESS **ROUTE 3, BOX 82**
CITY-STATE-ZIP **PAVO GA**

TITLE ☐ DELETE

NAME **D
BRIGGS, JOHN G.**
STREET ADDRESS **721 2ND ST., S.W.**
CITY-STATE-ZIP **MOULTRIE GA**

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(b), 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 Briggs**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96
G.D.

985-3197
Daytime Phone #

CR2E034 (12/95)