

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 8:48

DOCUMENT # **P94000001110 (3)**

1. Corporation Name  
**BLUE TROPIC SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**513 SALLY LEE DRIVE ELLENTON FL 34222**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/28/1993** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **141 Holly Avenue** 26 **141 Holly Avenue**  
22 **Sarasota, FL** 27 **Sarasota, FL**  
23 **34243** 28 **34243**  
24 **Manatee** 29 **Manatee**

4. FEI Number **65-0456901** 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

**NUCE, NANCY L**  
**513 SALLY LEE DRIVE**  
**ELLENTON FL 34222**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**141 Holly Avenue**  
83  
84 City **Sarasota** FL 85 Zip Code **34243**

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0502, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **4/27/95**

12. OFFICERS AND DIRECTORS

12.1 TITLE	<b>D</b>
12.2 NAME	<b>NUCE, NANCY L</b>
12.3 STREET ADDRESS	<b>513 SALLY LEE DRIVE</b>
12.4 CITY, ST., ZIP	<b>ELLENTON FL 34222</b>
12.5 TITLE	<b>D</b>
12.6 NAME	<b>NUCE, WILLIAM E</b>
12.7 STREET ADDRESS	<b>513 SALLY LEE DRIVE</b>
12.8 CITY, ST., ZIP	<b>ELLENTON FL 34222</b>
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST., ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST., ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	<b>141 Holly Avenue</b>
13.4 CITY, ST., ZIP	<b>Sarasota, FL 34243</b>
13.5 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	<b>141 Holly Avenue</b>
13.8 CITY, ST., ZIP	<b>Sarasota, FL 34243</b>
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST., ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4), Florida Statutes. I further certify that the information included 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. 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 on Block 12 or Block 13 as the issuer, or on an attached form with an address.

SIGNATURE: *Nancy L. Nuce*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Nancy L. Nuce**

**4/27/95 (813) 358-9926**  
DATE AND TELEPHONE NUMBER