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 JUN 14 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001515078
-06/16/95--01037--016
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000002847 (9)**

1. Corporation Name
BLUE TEAL CORPORATION

Principal Place of Business	Mailing Address
~~2611 TECHNOLOGY DRIVE~~ ~~SUITE 207~~ ~~ORLANDO FL 32804~~	~~2611 TECHNOLOGY DRIVE~~ ~~SUITE 207~~ ~~ORLANDO FL 32804~~

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 980	26 P.O. BOX 980
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 WINTER PARK FL	28 WINTER PARK, FL
24 Zip 34786-0980 25 Country USA	29 Zip 34786-0980 30 Country USA

4. FEI Number: 59-3218113 ☐ 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

GUSTINO, JAMES A
2180 PARK AVENUE NORTH
SUITE 324
WINTER PARK FL 32789

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	BOLIN, THEODORE A	12 NAME	
STREET ADDRESS	~~2611 TECHNOLOGY DRIVE, SUITE 207~~	13 STREET ADDRESS	1500 BRAGWICK ST
CITY ST ZIP	~~ORLANDO FL 32804~~	14 CITY ST ZIP	WINTER SPRINGS, FL 32708
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	CLARK, CHRISTINE K	22 NAME	
STREET ADDRESS	~~2611 TECHNOLOGY DRIVE, SUITE 207~~	23 STREET ADDRESS	1500 BRAGWICK ST
CITY ST ZIP	~~ORLANDO FL 32804~~	24 CITY ST ZIP	WINTER SPRINGS, FL 32708
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	DAVID M. SCHWARZ
STREET ADDRESS		33 STREET ADDRESS	6759 SAGEBRUSH DR
CITY ST ZIP		34 CITY ST ZIP	ORLANDO, FL 32819
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	800001515078
STREET ADDRESS		43 STREET ADDRESS	-06/16/95--01037--017
CITY ST ZIP		44 CITY ST ZIP	*****25.00 *****25.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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: _____ 5/18/95 407-342-0964
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID M. SCHWARZ

0006101 CP