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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortnam
Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P94000074057 (8)

BLUE PLANET, INC.

BLUE	: PLANEI, INC					
Principal Place	of Business	Mailing Address		r instillet tie intel Eifet Matit Golft St	tirre mæfstr fædst ætdet ægtet ættet some 1881	
8399 GLENDALIN RD. 8399 GLENDALIN RD. TALLAHASSEE FL 32311 TALLAHASSEE FL 323 US						
				3. Date Incorporated or Qualified 3. 10/10/1994	a. Date of Last Report 07/31/1995	
2. Principa' Pi 21	ace of Business	2a. Mailing Address		4. FEI Number 59-3277089- 59-32	81910 Applied For Not Applicable	
Suite, Apt		Surte, Apt. #, e	c.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Oity & State	····	Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Ζιρ 29	Country 30		No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regis	stered Agent	
			81 Name			
CALLEBS, EUGENE L -615 W. St. Augustine, Unit-2			82 Street Add	Address (P.O. Box Number is Not Acceptable)		
TALLA	HASSEE FL.32304		83 677,			
			TAL	LAHASSEE		
			84 City		FL 85 Zip Code 32311	
familiar w	o the provisions of Sections 607,050, ed agent, or both, in the State of Flor th, and occept the obligations of Sec	ida Such Change was au yn 507.0505, Fiorida Sta	horized by the corporation's boatutes	ration submits this statement for the purpose and of directors. I hereby accept the appointn	e of changing Its registered office nent as registered agent. I am	
SIGNATURE	5 (pre 152) or treton a contract as a	1 at 1 the transfer of 9	that Registered Agent signature region		27, 1996 DATE	
12.	OFFICERS AN	O DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	····	
TITLE	CALLEBS, EUGENE L	☐ DEFELE	1 : TITLE	D	Change Addition	
NAME CANCEL TABLETON	615 W. ST. AUGUSTINE, L	INIT O	1.2 NAME	CALLEDS, EVGENE	L -•	
STREET ADDRESS	TALLAHASSEE FL 32304	JAII Z	1.3 STREET ADDRESS	8399 GLENDALIN KI	7	
CITY-ST-ZIP	TALLAMASSEE PL 32304	C OCCUT	1.4 C+1Y - ST - Z+P	CALLEBS, EUGENE B399 GLENDAUN RI TALLAMASSEE, FL	32311	
TITLE		☐ DELFTE		·	☐ Change ☐ Addition	
NAME Processor			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY - ST - ZIP TITLE		DELETE	2 4 CITY-ST-ZIP			
NAME		L.J Dateit	3 1 FITLE		Change	
STREET ADDRESS			3 2 NAME			
CITY-S1-ZIF			3.3 STREET ADDRESS			
TILLE		☐ DELETE	3.4 CITY - ST - ZIP		C) (t	
NAME		C DETEN	4.1 life6		Change Addition	
	1		4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP TIPLE		DELETE	44 CITY - ST - ZIP 5 1 TITLE		Change D Addition	
NAME		L WILL			Change	
STREET ADDRESS			5.2 NAME			
			5.3 STREET ADDRESS			
TITLE		DELETE	5.4 CHY-ST-ZIP	7	□ Chance □ 445°	
NAME		□ MEETE	6 I TITLE		Change Addition	
STREET ADDRESS			6.2 NAME			
			6.9 STREET ADORESS			
C(TY-ST-ZIF			6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dries not qualify for the exemption stated in Section 119.07(3)(k). 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:

STATUTE AND TYPES OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 656-1293