## FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN

Sandra B. Mor

STATE

ONS

Secretary of St DIVISION OF CORPO

DOCUMENT # P94000074057 (8)

BLUE PLANET, INC.

Principal Place of Business Mailing Address 8399 GLENDALIN RD. 8399 GLENDALIN RD. TALLAHASSEE FL 32311 TALLAHASSEE FL 32311-8779 3. Date Incorporated or Qualified 3a. Date of Last Report 10/10/1994 05/01/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3277089 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 B. This corporation has liability for intangible tax under s. 199.032, Zip Co Yes No Florida Statutes 25 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CALLEBS, EUGENE L Street Address (P.O. Box Number is Not Acceptable) 8399 GLENDALIN ROAD TALLAHASSEE FL 32311 City Zip Code 85 ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the enoffice or registered agent, or both, in the State of Florida. Such change was authorized agent. Familiar with, and accept the obligations of, Section 607.0506, Florida State. SIGNATURE DATE Agent signature required when reinstating) Styriating, typed or printed name of registured agent and title if applicable (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 Change Addition THE ☐ DELETE 1.1 CR2E034 CALLEBS, EUGENE L NAME FET ADDRESS 615 W. ST. AUGUSTINE, UNIT 2 STREET ADDRESS -ST-ZIP TALLAHASSEE FL 32304 CITY-S1-ZIP Change Addition DELETE TITLE 2.1 NAME 22 FET ADDRESS STREET ADDRESS 23 -ST-ZIP CITY - S1 - 70 Change Addition THLE DELETE 31 NAME 32 ET ADDRESS STREET ASSURESS - \$1 - ZIP City - St - Zil Change Addition DELETE NAME ET ADDRESS STREET ADDRESS ST-ZIP CITY - ST - ZIP Change Addition DELETE TIFLE NAME REET ADDRESS STREET ADDRESS Y ST 71P CHY-ST 7P Change Addition TITLE DELETE NAM:

REET ADDRESS

PRES.

14. I do hereby certify that the information supplied with this filing does not qualify for the courate and that my signature shall have the same legal effect as if made under oath; that information indicated on this annual report or supplemental annual report is true and execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

STREET ADDRESS CITY ST-ZIP

AVPED OF PRINTED NAME OF SIGNING OFFICER OR DIRE

I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.

April 26, 1497 878-8963

**FILED** 

May 05 1997 8:00am

Secretary of State