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 APR 10 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090576 (7)**

1. Corporation Name
BLUE MARLIN POOLS OF BREVARD, INC.

Principal Place of Business	Mailing Address
184 BLUE FISH PLACE ROCKLEDGE FL 32955	184 BLUE FISH PLACE ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21 395 Pineda Court	26 395 Pineda Court
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Melbourne, Fl.	City & State 28 Melbourne, Fl.
Zip / County 24 32940-7508 / 25	Zip / County 29 32940-7508 / 30

4. FEI Number: 59-3285190 ☐ 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

NICOL, ANN
184 BLUE FISH PLACE
ROCKLEDGE FL 32955

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	Secretary ☐ Change ☒ Addition
NAME	Ann Nicol	12 NAME	Elaine Green
STREET ADDRESS	184 Blue Fish Place	13 STREET ADDRESS	3009 Park Village Way
CITY ST ZIP	Rockledge Fl. 32955	14 CITY ST ZIP	Melbourne Fl. 32935
TITLE		21 TITLE	Treasurer ☐ Change ☒ Addition
NAME		22 NAME	John Foster
STREET ADDRESS		23 STREET ADDRESS	146 Genoa St.
CITY ST ZIP		24 CITY ST ZIP	Indian Harbour Bch Fl. 32937
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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	

4/12

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: Ann Nicol — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Nicol 4-1-95 407-259-1233
Date Daytime Phone #

0070630 CP