

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAR 29 PM 6:43

**DOCUMENT # 234095 (8)**

1. Corporation Name  
**HERON HOLDINGS, INC.**

Principal Place of Business      Mailing Address  
**2865 EXECUTIVE CNTR DR  
C/O TEDDIE HOLMAN  
CLEARWATER FL 34622**      **2865 EXECUTIVE CNTR DR  
C/O TEDDIE HOLMAN  
CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/07/1960**      **03/15/1994**

4. FEI Number      Applied For  
**59-0897576**       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

2. Principal Place of Business      2b. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
**22 c/o Jacquelyn Copperwheat**      **27 c/o Jacquelyn Copperwheat**  
23 City & State      28 City & State  
24 Zip      25 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent  
**RICE, MARTIN ERROL  
696 FIRST AVE N STE 400  
ST PETERSBURG 33701**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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 changing)      (DATE))

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>HOLMAN, TEDDIE M</b>
STREET ADDRESS	<b>1704 CYPRESS TRACE DRIVE</b>
CITY, ST, ZIP	<b>SAFETY HARBOR FL</b>
TITLE	<b>PD</b>
NAME	<b>RISSEY, PH III</b>
STREET ADDRESS	<b>2865 EXECUTIVE CNTR DR</b>
CITY, ST, ZIP	<b>CLEARWATER FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Copperwheat, Jacquelyn M.</b>
13 STREET ADDRESS	<b>2865 Executive Cntr Dr</b>
14 CITY, ST, ZIP	<b>Clearwater, FL 34622</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<b>old zip: 34622</b>
31 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Mitchell, Bruce</b>
33 STREET ADDRESS	<b>2865 Executive Cntr Dr</b>
34 CITY, ST, ZIP	<b>Clearwater, FL 34622</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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: Jacquelyn M. Copperwheat      Jacquelyn M. Copperwheat      Date: 3/20/95      (813) 572-8848