

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # H93606 (2)

1. Corporation Name

GREEN HERON LANDSCAPES, INC.

Vanas Enterprises, Inc. NC 1-22-96 JR



Principal Place of Business

Mailing Address

3289 BAILEY LANE 150 Erie Dr.
NAPLES FL 33942
US

PO BOX 428865
NAPLES FL 33942
US

3. Date Incorporated or Qualified
01/06/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 150 Erie Dr.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

Naples, FL

27 City & State

24 Zip 33942

25 Country US

29 Zip

30 Country

4. FEI Number
59-2629920

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

10. Name and Address of New Registered Agent

VANAS, JAMES
150 ERIE DR
NAPLES FL 33942

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 the filer if agent is filer)

(NOTE: Registered Agent signature is not required for re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE
NAME VANAS, JAMES
STREET ADDRESS 150 ERIE DRIVE
CITY-ST-ZIP NAPLES FL

TITLE ST DELETE
NAME VANAS, PAMELA
STREET ADDRESS 150 ERIE DR
CITY-ST-ZIP NAPLES FL

TITLE V DELETE
NAME CAPLE, DARRELL
STREET ADDRESS 240 31ST ST. NW
CITY-ST-ZIP NAPLES FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

500001784795
-04/18/96--01008--017
***200.00

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela Vanas

4/9/96

941-597-6884

Date

Daytime Phone #

CR2E034 (12/95)

4-17-96 JR