

**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 # J38000 (2)**

1. Corporation Name  
**BLUE HERON POOL SERVICES, INC.**



Principal Place of Business  
**% HUGH PROCTOR  
POST OFFICE 2203  
PALM BEACH FL 33480**

Mailing Address  
**% HUGH PROCTOR  
POST OFFICE 2203  
PALM BEACH FL 33480**

3. Date Incorporated or Qualified **10/13/1986** 3a. Date of Last Report **03/03/1995**

2. Principal Place of Business  
21 **% Robert LEAR**

2a. Mailing Address  
26 **% Robert Lear**

4. FEI Number **59-2778511** Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **P.O. Box 2203**  
City & State

Suite, Apt. #, etc.  
27 **P.O. Box 2203**  
City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 **Palm Beach, FL**

28 **Palm Beach, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
24 **33480**

Country  
25 **Palm Beach**

Zip  
29 **33480**

Country  
30 **Palm Beach**

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

**PROCTOR, HUGH  
2980 BURGUYNE LANE  
WEST PALM BEACH FL 33409**

81 Name **Lear, Robert**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10250 Serenade Lane**  
83  
84 City **West Palm Beach, FL** 85 Zip Code **33411**

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 **Robert Lear**

*Robert Lear*

**02/06/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PROCTOR, HUGH	
STREET ADDRESS	2980 BURGUYNE LN	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEAR, ROBERT	
STREET ADDRESS	10250 SERENADE LN.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PROCTOR, DOROTHY	
STREET ADDRESS	2980 BURGUYNE LN	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Lear, Robert	
13 STREET ADDRESS	10250 Serenade Ln.	
14 CITY-ST-ZIP	West Palm Beach, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	V	
22 NAME	Proctor, Hugh	
23 STREET ADDRESS	2980 Burgoyne Ln.	
24 CITY-ST-ZIP	West Palm Beach, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
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 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: **Dorothy Proctor, ST** *Dorothy Proctor* **02/05/96 (407)471-8581**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)