

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norcross
Secretary of State
CORPORATE CORPORATIONS

DOCUMENT # **J79994** (6)
BLUE HERON OF CHOKOLOSKEE, INC.

Principal Office of Business: C/O BASS AND CHERNOFF, P.A. CHOKOLOSKEE DR. AND MAMIE ST. BOX 399 CHOKOLOSKEE FL 33925
Mailing Address: C/O BASS AND CHERNOFF, P.A. CHOKOLOSKEE DR. AND MAMIE ST. BOX 399 CHOKOLOSKEE FL 33925

DO NOT WRITE IN THIS SPACE

2. Filing date of this report		2a. Mailing Address		3. Date Incorporated or Created	3a. Date of Last Report
21		26		06/25/1987	02/22/1994
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2829924	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
BASS AND CHERNOFF, P.A.
849 7TH AVENUE SOUTH
SUITE 200
NAPLES FL 33940

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 agent in 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: _____ (Print Name of Registered Agent and State of Incorporation) _____ (Print Registered Agent's name and state of residence)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME DP HANCOCK, NANCY BELLE 11.2 STREET ADDRESS P.O. BOX 399 N/A 11.3 CITY, ST., ZIP CHOKOLOSKEE FL		11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11.1 NAME DST HANCOCK, ALTON C. 11.2 STREET ADDRESS P.O. BOX 399 N/A 11.3 CITY, ST., ZIP CHOKOLOSKEE FL		11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11.1 NAME		11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated on the form. Florida Statutes Chapter 607. I certify that the information included on the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made on the oath. I shall be personally liable for all the corporation's or the treasurer or director's responsibilities to make into this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of the statement of change attached with this filing.

SIGNATURE: *Nancy B. Hancock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President 813-6952331