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 # J79994 (6)

1. Corporation Name

BLUE HERON OF CHOKOLOSKEE, INC.

Principal Place 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

3. Date Incorporated or Qualified: 06/25/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 318 Mamie St.
Suite, Apt #, etc.
22
City & State
23 Chokoloskee, Fl.
Zip
24 33925 25 County Collier

2a. Mailing Address
26 P.O. Box 399
Suite, Apt. #, etc.
27
City & State
28
Zip
29 30 Country

4. FEI Number: 59-2829924 — 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

BASS AND CHERNOFF, P.A.
849 7TH AVENUE SOUTH
SUITE 200
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Nancy Belle Hancock
82 Street Address (P.O. Box Number is Not Acceptable): 318 Mamie Street
83
84 City: Chokoloskee FL 85 Zip Code 33925

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: Nancy B. Hancock pres. and Nancy Belle Hancock — April 25, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	HANCOCK, NANCY BELLE	
STREET ADDRESS	P.O. BOX 399 N/A	
CITY-ST-ZIP	CHOKOLOSKEE FL	
TITLE	DST	☐ DELETE
NAME	HANCOCK, ALTON C.	
STREET ADDRESS	P.O. BOX 399 N/A	
CITY-ST-ZIP	CHOKOLOSKEE 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		
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	000001854500	
4.3 STREET ADDRESS	-06/06/96--01120--026	
4.4 CITY-ST-ZIP	***200.00	
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		5/1/92
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Nancy Belle Hancock pres. — 3-7-96 — pres — 941-695-2351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #
Nancy Belle Hancock President