


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 318 MAMIE STREET CHOKOLOSKEE FL 33925	Mailing Address PO BOX 399 CHOKOLOSKEE FL 34138-0399
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1987	3a. Date of Last Report 05/01/1996
21	22	26	27	4. FEI Number 59-2828924	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
34138					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HANCOCK, NANCY BELLE 318 MAMIE STREET CHOKOLOSKEE FL 33925				81	Name Nancy Belle Hancock		
				82	Street Address (P.O. Box Number is Not Acceptable) 318 Mamie Street		
				83	City Chokoloskee		
				84	City FL	85	Zip Code 34138

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
DP	HANCOCK, NANCY BELLE	11 TITLE	12 NAME
	P.O. BOX 399 N/A	13 STREET ADDRESS	14 CITY-ST-ZIP
	CHOKOLOSKEE FL	21 TITLE	22 NAME
DST	HANCOCK, ALTON C.	23 STREET ADDRESS	24 CITY-ST-ZIP
	P.O. BOX 399 N/A	31 TITLE	32 NAME
	CHOKOLOSKEE FL	33 STREET ADDRESS	34 CITY-ST-ZIP
		41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY-ST-ZIP
		51 TITLE	52 NAME
		53 STREET ADDRESS	54 CITY-ST-ZIP
		61 TITLE	62 NAME
		63 STREET ADDRESS	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alton C. Hancock* 3-13-97 941 695-2351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)