

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # J99446 (3)**  
1. Corporation Name  
**BLUE HERON INVESTMENTS, INC.**



Principal Place of Business  
**C/O ROSS, CHARLES  
8370 40H AVENUE NORTH  
ST. PETERSBURG FL 33709  
US**

Mailing Address  
**C/O ROSS, CHARLES  
8073 40TH AVENUE NORTH  
ST. PETERSBURG FL 33709  
US**

3. Date Incorporated or Qualified  
**10/29/1987**

3a. Date of Last Report  
**03/07/1995**

4. FEI Number  
**59-2853624**

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

2. Principal Place of Business  
21 **8370 40 Ave N.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **St. Petersburg FL**  
Zip  
24 **33709** 25 **Pinellas** 26 **(see # 21)**  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

**9. Name and Address of Current Registered Agent**

**ROSS, CHARLES W.  
8370 40TH AVENUE NORTH  
ST. PETERSBURG FL 33709**

**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 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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

(ATTN)

**12. OFFICERS AND DIRECTORS**

|                 |                    |  |
|-----------------|--------------------|--|
| TITLE           | DP                 | <input type="checkbox"/> DELETE            |
| NAME            | ROSS, CHARLES W.   |  |
| STREET ADDRESS  | 5933 GULFPORT BLVD |  |
| CITY - ST - ZIP | GULFPORT FL        |  |
| TITLE           | DVP                | <input checked="" type="checkbox"/> DELETE |
| NAME            | BERNARD, LINDA M.  |  |
| STREET ADDRESS  | 5933 GULFPORT BLVD |  |
| CITY - ST - ZIP | GULFPORT 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 |                    |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 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)(A), 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 617, 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

*[Signature]* **PIED.** **6/22/96** **613**  
**381-1288**

CR2E034 (3/96)