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Apr 22 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 # L24926

(2)

1. Corporation Name
BLUE HERON DEVELOPMENT, INC.

Principal Place of Business
1925 S. E. 9TH AVENUE
OKEECHOBEE FL 34974

Mailing Address
1925 S. E. 9TH AVENUE
OKEECHOBEE FL 34974-5357



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
10/24/1989

3a. Date of Last Report
08/09/1996

4. FEI Number
65-0166184

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

BAUGHMAN, JAMES R.
1925 S. E. 9TH AVENUE
OKEECHOBEE FL 34974

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BROWN, DONALD W.
STREET ADDRESS 2461 N.E. 6TH STREET
CITY - ST - ZIP OKEECHOBEE FL

TITLE D ☐ DELETE
NAME BROWN, LINDA FAYE
STREET ADDRESS 2461 N.E. 6TH STREET
CITY - ST - ZIP OKEECHOBEE FL

TITLE D ☐ DELETE
NAME BROWN, MARTIN L.
STREET ADDRESS 2472 N.E. 6TH STREET
CITY - ST - ZIP OKEECHOBEE FL

TITLE D ☐ DELETE
NAME BROWN, EDITH L.
STREET ADDRESS 2472 N.E. 6TH STREET
CITY - ST - ZIP OKEECHOBEE FL

TITLE D ☐ DELETE
NAME BAUGHMAN, JAMES R.
STREET ADDRESS 1320 SE 23RD STREET
CITY - ST - ZIP OKEECHOBEE FL

TITLE D ☐ DELETE
NAME BAUGHMAN, JOSEPHINE C.
STREET ADDRESS 1320 SE 23 AVE
CITY - ST - ZIP OKEECHOBEE FL

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
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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
6.3 STREET ADDRESS
6.4 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:

JOSEPHINE C. BAUGHMAN
DIRECTOR

4/19/97

941-467-2222

CR2E034 (9/96)