


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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90126 027 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L24926</b> 1. Corporation Name <b>BLUE HERON DEVELOPMENT, INC.</b>					
Principal Place of Business <b>100 SE 8TH AVE OKEECHOBEE FL 34974 US</b>		Mailing Address <b>100 SE 8TH AVE OKEECHOBEE FL 34974 US</b>			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>10/24/1989</b> 4. FEI Number <b>65-0166184</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BAUGHMAN, JAMES R. 100 SE 8TH AVE OKEECHOBEE FL 34974</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JONES, BERNARD</b>	1.2 NAME	<b>JONES, BERNARD</b>		
STREET ADDRESS	<b>6207 ROYAL PALM BEACH RD</b>	1.3 STREET ADDRESS	<b>6237 ROYAL PALM BEACH BLVD</b>		
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33412</b>	1.4 CITY-ST-ZIP	<b>ROYAL PALM BEACH, FL 33412</b>		
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BROWN, EDITH L.</b>	2.2 NAME			
STREET ADDRESS	<b>2472 N.E. 6TH STREET</b>	2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	2.4 CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>BAUGHMAN, JAMES R.</b>	3.2 NAME	<b>BAUGHMAN, JAMES R.</b>		
STREET ADDRESS	<b>1320 SE 23RD STREET</b>	3.3 STREET ADDRESS	<b>1320 SE 23RD STREET</b>		
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	3.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL 34974</b>		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

SIGNATURE: \_\_\_\_\_

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JAMES R. BAUGHMAN**

4-19-1999

941-447-4442

Date

Daytime Phone #