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

PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATÉ

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L40825

HERON HOUSE PROPERTIES INC.

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|--|---|--|-------------------------|---------------------------------|--|--------------------------------------|
| Principal Place of Business Mailing Address | | | | | • | |
| 1268 BAYSHORE BLVD. | | | | | • | |
| DOINEDIN , | £ 540304213 | DUNEDIN FL 34030-4213 | | | DO NOT WRITE IN TI | HIS SPACE |
| | | | | | 3. Date Incorporated or Qualifed | |
| | | | | | 01/03/1990 | • ; |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Applied For |
| 21 26 | | | | | 59-2982465 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | \$8.75 Additional |
| 27 | | | | 5. Certifcate of Status Desired | Fee Required | |
| City & State City & State | | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | 23 | | | | Trust Fund Contribution | Added to Fees |
| Zip | | | Countr | ry | 8. This corporation owes the current year | |
| 24 | 25 29 30 | | 30 | | Personal Property Tax. | Yes · No |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Register | ed Agent |
| _ | しょくいいこう | | 8 | 1 Name | | |
| J | OR, HAROLD 268 BAYSHORE BLVD | | <u></u> | | | |
| | | | 8: | 2 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| D | UNEDIN FL 34698 | | 8: | 3 | ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ | E. California da Majaria |
| { | | | L | <u> </u> | <u>。 </u> | 公司 明 副 田 田 田 |
| | , | | 84 | 4 City | F | 85 Zip Code |
| 11. Pursua | ant to the provisions of Sections 607.050 | 2 and 607.1508. Florida Statut | es the abov | ve-named con | poration submits this statement for the purpose | of changing its registered |
| office | or registered agent, or both, in the State of | of Florida. Such change was a | uthorized by | v the corporati | ion's board of directors. I hereby accept the ap | pointment as registered |
| , , | I am familiar with, and accept the obligat | ions or, Section 607.0505, Flo | nda Statute | ·S. | • | |
| SIGNATU | Signature, typed or printed name of registered agen | t and title if applicable (NOTE | · Panistared An | ont pionati un rocuir | ed when reinstating) DATE | |
| 12. | OFFICERS AN | | 13. | on agracina requir | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | | Change Addition |
| NAME | TOD 1110015 | | 1.2 NAME | | | _ , _ |
| STREET ADDRE | STREET ADDRESS 1268 BAYSHORE BLVD. | | | ET ADDRESS | | |
| CITY-ST-ZIP | DI INTERIOR CO | | 1.4 CITY- | | | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | WOTENER BONNING | | 2.2 NAME | İ | • | |
| STREET ADDRE | 4000 041/01/000 011/0 | | | | • | |
| l | DIMERNIA CI | | | ET ADDRESS | | |
| TITLE | DOMEDINA E | ☐ DELETE | 2. 4 CITY- 3.1 TITLE | SI-ZIP | · | Change - Addition |
| 1 1 | \$ \$ \$4. Per size 5. 13 | | ı | | | ☐ Criange - ☐ Addition |
| NAME SOOT | | • | 3.2 NAME | | | |
| STREET ADORE | : : : : : : : : : : : : : : : : : : : | | | ET ADDRESS | 44.21.53 | 6.15.19.15.18.18.18.18.18 |
| CITY-ST-ZIP TITLE | | □ DELETE | 3.4. CITY- | ST-ZIP | | |
| | | □ Dereie | 4.1 TITLE | | 9 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | i ि ☐ Change III Addition |
| NAME 1201 SAYS | INE Care | 17 18 18 18 18 | 4. 2 NAME | · | | * |
| STREET ADDRE | SS C S C C | A STATE OF THE STA | 4.3 STREE | ET ADDRESS | | · |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | 4.4 CITY-5 | ST-ZIP | - | |
| TITLE | 1 : | □ DELETE | 5.1 TITLE | | p. ". | Change Addition |
| NAME | Ĺ | | 5.2 NAME | | | |
| STREET ADORE | iss F | | 5.3 STREE | | | |
| CITY-ST-ZIP | | | 1 | T ADDRESS | | * |
| | | | 5.4 CITY-5 | 1 | | , |
| TITLE | 1502. 083000. 1018 25 75 11 15 15 15 | ☐ DELETE | 1 | 1 | | ☐ Change ☐ Addition |

I 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 a pattachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

727.736.4289

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90037 027 ***150.00