FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM

DOCUMENT # **P94000076354 (7)**

1. Corporation Name
BLUEHERON SERVICES, INC.

Principal Place of Business	Mailing Address
~~320 WYMORE RD.~~ ~~ALTAMONTE SPRINGS FL 32714~~	200 SOUTH ORANGE AVE., SUITE 2300 ORLANDO FL 32801-3432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/18/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 **3421 Winkler Ave.**	26
Suite, Apt. #, etc. 22 **Apt. 410**	Suite, Apt. #, etc. 27
City & State 23 **Ft. Myers, FL**	City & State 28
Zip / Country 24 **33916** / 25	Zip / Country 29 / 30

4. FEI Number: **59-3274704** ☐ 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	10. Name and Address of New Registered Agent
A.G.C. CO. 200 SOUTH ORANGE AVE. SUITE 2300 ORLANDO FL 32801-3432	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VP/T/D	☒ Change ☐ Addition
NAME	LOPEZ-SMITH, ELEANOR	1.2 NAME	Lopez-Smith, Eleanor	
STREET ADDRESS	320 WYMORE RD.	1.3 STREET ADDRESS	3421 Winkler Ave., Apt. 410	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	Fort Myers, FL 33916	
TITLE	D	2.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	LOPEZ, JON	2.2 NAME	Lopez, Jon	
STREET ADDRESS	320 WYMORE RD.	2.3 STREET ADDRESS	3421 Winkler Ave., Apt. 410	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	Fort Myers, FL 33916	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(k), 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: Jon Lopez 3/27/95 813 693 6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000083 CP