

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000076354 (7)

1. Corporation Name

BLUEHERON SERVICES, INC.



Principal Place of Business

Mailing Address

3421 WINKLER AVE.
APT 410
FT. MYERS FL 33916
US

~~200 SOUTH ORANGE AVE.~~
~~SUITE 2000~~
~~ORLANDO FL 32801-0432~~

3. Date Incorporated or Qualified
10/18/1994

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 3421 Winkler Ave.

22 City & State

27 Apt. 410

23 Zip Country

28 Ft. Myers, FL

24 25 29 33916 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

7. 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.O.C. CO.~~
~~200 SOUTH ORANGE AVE.~~
~~SUITE 2000~~
~~ORLANDO FL 32801-0432~~

81 Name ☒ JON LOPEZ
82 Street Address (P.O. Box Number is Not Acceptable)
3421 WINKLER AVENUE
83
84 Ft Myers, FL 85 Zip Code 33916

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 name, and registered agent and director details

JON LOPEZ

4/30/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VPTD	LOPEZ-SMITH, ELEANOR	3421 WINKLER AVE. APT 410	FT. MYERS FL	<input type="checkbox"/>
PSD	LOPEZ, JON	3421 WINKLER AVE. APT 410	FT. MYERS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON LOPEZ

4/30/96

941 275 4380

Daytime Phone #

CR2E034 (12/95)