

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JUL 14 AM 9:23

DOCUMENT # P94000086069 (9)

1. Corporation Name

HERON PUBLISHING, INC.

Principal Place of Business

**7281 SUNSHINE GROVE ROAD
SUITE 113
BROOKSVILLE FL 34613**

Mailing Address

**7281 SUNSHINE GROVE ROAD
SUITE 113
BROOKSVILLE FL 34613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

2. Principal Place of Business

21
Suite, Apt. #, etc

2a. Mailing Address

25
Suite, Apt. #, etc

4. FEI Number

59-3280392

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

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

**KRETSCHMAR, DAVID C
7281 SUNSHINE GROVE ROAD
SUITE 113
BROOKSVILLE FL 34613**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **IVES, ROBERT M**
STREET ADDRESS **7281 SUNSHINE GROVE ROAD, SUITE 113**
CITY, ST, ZIP **BROOKSVILLE FL 34613**

TITLE **D**
NAME **KRETSCHMAR, DAVID C**
STREET ADDRESS **7281 SUNSHINE GROVE ROAD, SUITE 113**
CITY, ST, ZIP **BROOKSVILLE FL 34613**

TITLE
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CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D/P/ASST. S**

☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

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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)(b), Florida Statutes. I further certify that the information included in 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 hereon, or in an attachment with an address.

SIGNATURE: *Robert M. Ives*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. IVES, DIRECTOR

6/8/95

(904) 596-0209