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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000086069** (9)

HERON PUBLISHING, INC.

Principal Place of Business Malting Address				-	#### #### B### B### B#################		
4412 COMMERCIAL WAY SUITE 103 SPRING HILL FL 34806-1966 US		4412 COMMERCIAL WAY SUITE 103 SPRING HILL FL 34606-1966 US					
				3. Date incorporated or Qualified 11/14/1994	3a. Date of Last Report 04/19/1996		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21 4432 Commercial Way		26 4432 Commercial Way		59-3280392	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
City & State		City & State			Fee Required		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for i	ntangible tax under s. 199.032,	
24	25	29	30		Florida Statutes		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
KRETSCHMAR, DAVID C 81					ame		
	COMMERCIAL WAY		82 Street Addres		ess (P.O. Box Number is Not Acceptab	le)	
	'E 103 ING HILL FL 34606		83				
			84	City		85 Zip Code	
				,		FL	
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes							
SIGNATURE Signature, Speed or project name of registered agent and tice if applicable (NOT): Registered Agont signature required when reinstating) DATE							
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ioni signature requir	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE			1 1 TITLE	T	ADDITIONS/CHANGES TO CITIE	Change Addition	
NAME	IVES, ROBERT M		1.2 NAME		•		
STREET ADDRESS	AAAA AAAA MAAAAAAAAAAAAAAAAAAAAAAAAAAA			TADDRESS 44	432 Commercial l pring Hill, FL 3460.	uay	
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-	ST-ZIP S	orina Hill FL 3460	6	
TITLE	DVST	☐ DELFTE	2.1 TITLE			Change Addition	
NAME	KRETSCHMAR, DAVID		2.2 NAME				
STREET ADDRESS	AAAA AAAHAEAAHA WAY AHATE AAA		2.3 STREE	T-ADDRESS 44	432 Commercial Woring Hill, FL 34	au	
CITY-ST-ZIP	SPRING HILL FL		2. 4 CITY-	ST-ZIP 5	orina Hill. FL 34	606	
TITLE		DELETE	3.1 TITLE	7		Change Addition	
NAME			3 2 NAME				
STREET ADDRESS			3 3 \$1HEE	f Address			
CITY-ST-ZIP			3.4. CITY -	S1 - Z(P			
TITLE		∐ DETEJE	4.1 TITLE			Change L Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY	ST-71P			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5 2 NAME		40000230	⊇ (T4VK V)).	
STREET ADDRESS				ADDRESS	40000230 -09/25/970110 ***165.00	12008 /	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP .	***165.00	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME	of my of	10000230 -09/25/970110	さして つ=002	
STREET ADDRESS				T ADDRESS	-63/52/31011f	3001	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	***385.00		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 15 if changed, or an arbitrachment with an address.

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FILED

Sep 23 1997 8:00am

Secretary of State