SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

488- 9000 (1)

FILED

97 AUG 12 PM 3:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000075180 (6)**

1. Corporation Name
BLUE HERON OF TOPS'L, INC.

Principal Place of Business	Mailing Address
5552 HIGHWAY 98 EAST DESTIN FL 32541	5552 HIGHWAY 98 EAST DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1995	3a. Date of Last Report: 06/13/1996
4. FEI Number: 59-3342896	☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 8955 Highway 98W.	26 8955 Highway 98 W.
22 Suite, Apt. #, etc. 104	27 Suite, Apt. #, etc. 104
23 City & State Destin FL 32541	28 City & State Destin, FL
24 Zip ~~32549~~ 25 Country Walton	29 Zip 32541 30 Country Walton

9. Name and Address of Current Registered Agent

MATTHEWS, DANA C ESQ.
607 HIGHWAY 98 EAST
DESTIN FL 32541

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 _____ 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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OIEN, GREGORY J	1.2 NAME	
STREET ADDRESS	16226 EAST LULLWATER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32413	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OIEN, ARLENE M	2.2 NAME	
STREET ADDRESS	16226 EAST LULLWATER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32413	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	800002268878--4
STREET ADDRESS		3.3 STREET ADDRESS	-08/15/97--01113--004
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (4/97)

14. I do 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 an attachment with an address.

SIGNATURE: [signature] 8/5/97 (2)

(2)

Florida Dept. of State
Division of Corporations

To Whom It May Concern:

We did not receive our first notice possibly because our address is different from that which you have on file.

I called (904) 488-9000 and was advised to send a check for $165.00 and write a letter of explanation regarding the address.

The Blue Heron of Tops'l, Inc. has never changed location, however our address has changed. This was due to the Walton County 911 conversion. Harold Bigham is the Walton County 911 Change of Address Coordinator, tel.no. 850-892-8015 ; or you may call Paul Palmer 904-837-6312 at the Destin Post Office.

Should you need further information please contact me at The Blue Heron of Tops'l, Inc. (850) 267-3578

Sincerely,

Greg Cui
Blue Heron of Tops'l, Inc