## E NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT IPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT #

P95000075180 (6)

BLUE HERON OF TOPS'L, INC.

FILED Jan 21 1998 8:00am Secretary of State



1/6/98 (050)267-3578

Oringinal Place	of Business	Mailing Address	Isiling Address			<b>faca</b> t bitat (1891-184)	ik <b>ak</b> il i <b>ab</b> i
			s weet				
104		8955 HIGHWAY 98 WEST 104					
DESTIN FL 32541		DESTIN FL 32541	• • •		DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified</li> <li>09/28/1995</li> </ol>		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-3342896		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	•	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.		No
	g. Name and Address of Curre	nt Registered Agent		(	10. Name and Address of New Register	ad Agent	
	TTHEWS, DANA C ESQ.		8.	I Name			
607 HIGHWAY 98 EAST			8:	Street Add	ress (P.O. Box Number is Not Acceptable)		
DES	STIN FL 32541						<del></del> .
			8:	5			
			84	City		85 Zip (	Code
	· ·			1	F		
office or re agent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was :	authorized b	ov the corpora	poration submits this statement for the purpos- tion's board of directors. I hereby accept the a	appointment as	registered
SIGNATURE	Signature, typed or printed name of registered as	pent and title if applicable (NO)	E: Registered A	gent signature requ	ived when reinstating) DAT	E	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	IS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	OIEN, GREGORY J		1.2 NAME	•			
STREET ADDRESS	16226 EAST LULLWATER DE	RIVE	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32413		1.4 C(TY-	ST-ZIP			
THTLE	D	DELETE	2.1 TITLE			Change	Addition
NAME	OIEN, ARLENE M		2.2 NAME				
STREET ADDRESS	16226 EAST LULLWATER DE	RIVE	2.3 STREE	T ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32413		2. 4 CITY	- ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY				1490
TITLE		☐ DELETE	4.1 TITLE	1		Change	Addition
NAME			4. 2 NAM				
STREET ADDRESS			•	T ADDRESS			
CITY-ST-ZIP		T herete	4.4 CITY -	ST-ZIP		☐ Change	Addition
TITLE		L DELFTE	5.1 TITLE				ROUNDI
NAME			5.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELET <b>E</b>	5.4 CITY-	SI-ZIP		Change	Addition
TITLE	•	□ becet€	6.1 TITLE			Ondrige	
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	entile that the information supplied	with this filing does not qualify f	6.4 CITY	SI-ZIP   ntion stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the	information
indicated officer or o	on this enough conort or supplication	tat annual report is true and acc ceiver or trustee empowered to	curate and t	hat my signati	ure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and the	a under baut, ina	attaman