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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087857

BLUE HERON LAWN & LANDSCAPING, INC.

ROTONDA WES	LLS CT St FL 33947	POST OFFICE BOX 1502 ENGLEWOOD FL 34295		2	DO NOT WRI	TE IN THIS	SPACE	<u>. </u>
}				3.	11/14/1995			
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>	4.	FEI Number		Ap	plied For
21		26			65-0625431		No	t Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
City & Stat	a 70	City & State		6.	Election Campaign Financing		\$5.00	May Be
23	_	28			Trust Fund Contribution		•	to Fees
Zip	Country	Zip	Country	8.	This corporation owes the curr	rent year Inta	ngible	
24	25	29	30		Personal Property Tax.		Yes	V No _
	9. Name and Address of Currer	nt Registered Agent		10.	Name and Address of New I	Registered A	Agent	
			81 Na	me				ļ
MCC	COULLOUGH, MARGARET M	÷	82 Str	aat Addrass (F	O. Box Number is Not Accepta	able)		
1 OAKLAND HILLS COURT			[52] 511				· -	
ROT	ONDA WEST FL 33947		83					
			104				85 Zip	Code
1			84 Cit	у		FL	03 Zip	0000
office or I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are supported to the control of t	of Florida, Such change was at	imorized by the (orporation's b	pard of directors, I hereby acce	pt the appoin	uneni as re	gistered
1	Classical broad or adated some of engintered and	nt and title if anclicable (NOTE:	Registered Agent sings	ture required when	reinstating)	DATE		
12	Signature, typed or printed name of registered age		Registered Agent signs				D DIRECTO	DRS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: ND DIRECTORS DELETE			reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12
TITLE	PC OFFICERS AN	ND DIRECTORS	13.					
TITLE	PC MCCOULLOUGH, CHRISTOPH	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME					
NAME STREET ADDRESS	PC MCCOULLOUGH, CHRISTOPH 1 OAKLAND HILLS CT	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR					
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CITY-ST-ZIP, 5.13 14. I 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-\$T-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90062 025 ***150.00

Change

Addition