

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

FILED
Jul 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # V09068 (0)
 1. Corporation Name
HERON CONSTRUCTION, INC.



Principal Place of Business 5051 CASTELLO DRIVE SUITE 19 NAPLES FL 33940	Mailing Address 5051 CASTELLO DRIVE SUITE 19 NAPLES FL 34103-8983
--	---

3. Date Incorporated or Qualified 01/23/1992	3a. Date of Last Report 03/22/1996
4. FEI Number 65-0312346	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

**VOLPE, MICHAEL J. E
 4001 TAMiami TRAIL NORTH
 SUITE 330
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MURPHY, EUGENE P.	
STREET ADDRESS	695 ARDMORE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	CULLEN, JOHN F	
STREET ADDRESS	6994 GREENTREE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SURETTE, THOMAS	
STREET ADDRESS	5070 4TH AVE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Murphy, Eugene P.	
1.3 STREET ADDRESS	695 Ardmore Lane	
1.4 CITY-ST-ZIP	Naples, FL	
2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cullen, John F.	
2.3 STREET ADDRESS	6994 Greentree Drive	
2.4 CITY-ST-ZIP	Naples, FL	
3.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Surette, Thomas	
3.3 STREET ADDRESS	5070 4th Avenue SW	
3.4 CITY-ST-ZIP	Naples, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 supplementary 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.

Michael J. Volpe

CR2E034 (9/96)