

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
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/23/1992 3a. Date of Last Report 03/22/1996 4. FEI Number 65-0312346 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
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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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	PCEO
NAME	MURPHY, EUGENE P.	1.2 NAME	Murphy, Eugene P.
STREET ADDRESS	695 ARDMORE LANE	1.3 STREET ADDRESS	695 Ardmore Lane
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL
TITLE	PSD	2.1 TITLE	VPS
NAME	CULLEN, JOHN F	2.2 NAME	Cullen, John F.
STREET ADDRESS	6994 GREENTREE DR	2.3 STREET ADDRESS	6994 Greentree Drive
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL
TITLE	V	3.1 TITLE	VPT
NAME	SURETTE, THOMAS	3.2 NAME	Surette, Thomas
STREET ADDRESS	5070 4TH AVE SW	3.3 STREET ADDRESS	5070 4th Avenue SW
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (9/96)