

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000033034 (7)**  
1. Corporation Name  
**SUNFLOWER HILL RANCH, INC.**



Principal Place of Business      Mailing Address  
**3869 WATERCREST DR.  
LONGWOOD FL 32779**      **3869 WATERCREST DR.  
LONGWOOD FL 32779**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/29/1994**      **04/26/1995**

4. FEI Number      Applied For  
**58-2153903**      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 has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21 **35139 Neshue Blvd.**      26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 **Sorrento, FL**      27 City & State

24 **32776**      25 **Lake**      28 Zip      Country

29      30      Country

9. Name and Address of Current Registered Agent

**HAMMOND, GARY V  
3869 WATERCREST DR.  
LONGWOOD FL 32779**

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 FEI, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP       DELETE

**PST  
HAMMOND, GARY V  
3869 WATERCREST DR.  
LONGWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE      1.2 NAME      1.3 STREET ADDRESS      1.4 CITY - ST - ZIP       Change       Addition

**President / Secy Treasurer**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_      Date: **2/19/96**      Telephone # **407/869-3584**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)