

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **701295** (8)

1. Corporation Name

BIG SCRUB TRAIL RIDERS INC



Principal Place of Business

15300 PERU RD
UMATILLA FL 32784
US

Mailing Address

15300 PERU ROAD
UMATILLA FL 32784
US

3. Date Incorporated or Qualified
08/11/1960

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

SEWELL, IRENE
15300 PERU ROAD
UMATILLA FL 32784

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Irene R. Sewell

Samuel Sewell

January 16, 1996

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **HENSON, JAMES**
STREET ADDRESS **3402 34TH ST.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **P** ☒ DELETE
NAME **HUDSON, LACEY**
STREET ADDRESS **3625 HEILD RD**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **ST** ☐ DELETE
NAME **SEWELL, IRENE R**
STREET ADDRESS **15300 PERU RD**
CITY-ST-ZIP **UMATILLA FL**

TITLE **V** ☒ DELETE
NAME **OGILVIE, ALEX I**
STREET ADDRESS **1124 SE 180TH ST**
CITY-ST-ZIP **WEIRSDALE FL**

TITLE **D** ☐ DELETE
NAME **WRIGHT, KIP**
STREET ADDRESS **22155 SW 147TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE
NAME **APPLEBEE, DARLENE**
STREET ADDRESS **PO BOX 826 N/A**
CITY-ST-ZIP **LADY LAKE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Lacey Hudson**
2.3 STREET ADDRESS **3625 Heild Rd.**
2.4 CITY-ST-ZIP **Melbourne FL 32904**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Ogilvie, P** ☒ Change ☐ Addition
4.2 NAME **Ogilvie, Alex**
4.3 STREET ADDRESS **1124 S.E. 180th St.**
4.4 CITY-ST-ZIP **Weirsdale FL 32159**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Willie Anderson**
5.3 STREET ADDRESS **4245 Powell Rd**
5.4 CITY-ST-ZIP **Melbourne FL 32904**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **John Weatherford**
6.3 STREET ADDRESS **410 S. Bay St.**
6.4 CITY-ST-ZIP **Eustis FL 32726**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IRENE R. SEWELL

Samuel Sewell

January 16, 1996

(352) 669-3532

Date

Daytime Phone #

CR2E037 (12/95)