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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

F57327 DOCUMENT #
1. Corporation Name

(1)

FLORIDA TRAILS, INC.

Penopal Place of Business	Mailing Address
130 MADRID DRIVE SEBRING FL 33871 US	457 S. COMMERCE STREET SEBRING FL 33871 US

|--|

SEBRING FL 3 US	33871	SEBRING FL 33971 US				Date Incorporated or Qualified     01/01/1982	3a. Date (	of Last F 22/19		
2. Principal Pla	ice of Business	2a. Mailing Address		_		4. FEI Number			Applied For	
1]		26				59-2145011			Not Applicable	
Suite, Apt. #	t, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State		City & State	·-, ·			Election Campaign Financing     Trust Fund Contribution				
.1 - Zip	Country	Zip	Country			8. This corporation has liability for i		under s	s 199.032,	
	25	29	30				□No		. , , ,	
i	<ol><li>Name and Address of Curi</li></ol>	ent Registered Agent				10. Name and Address of New R	egistered A	gent		
			1	B1	Name					
	CLIFFORD M III COMMERCE STREET		1	82	Street Addre	ess (P.O. Box Number is Not Acceptab	ie)			
SEBRING			Į	83						
33870	.,		Į	84	City		FL	85 2	Zip Code	
SIGNATURE . 	Signature, typica or printed mains of registered as OFFICERS	gunt and the if applicable (N AND DIRECTORS	iO1ε: Registered A	Agent	signature required	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECT	ORS IN 12	
• <b>2.</b> Filu€	1 PD	DELETE	1.1 10	LE.				Change		
IAM!	ANNETT, ERIC		1.2 NA	ME						
PREEL ADDRESS	1821 GROVE AVE		1 3 STR	REFT	ADDRESS					
17 Y + \$.T + ZIP	SEBRING, FL 00000		1401	Y-ST	T-ZIP					
ITLF	D			2 1 THTLE				] Change	Addition	
IAMI	ANNETT, NORMA J		2 2 NAI	ME						
THEFT ADDRESS	1821 GROVE AVE				ADDRESS					
IIIY - S1 - ZIP	SEBRING, FL 00000		2 4 CIT		T-ZIP			] Change	e	
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AME					ADDRESS					
TREEL ADDRESS			3 4 CIT							
.1Y SI-7P		DELETE	4. 1 Ti					Change	e 🔲 Addition	
i të JAMI			4.2 NA	ME						
PREFIT ADDRESS			4.3 51	REL T	ADDRESS					
City St. Zif			4.4 C17	TY-S	T-ZIP					
MF		☐ DELETE	5 1 1	TLE			[	] Chang	e 🔲 Addition	
,4M;			5 2 NA	MÉ						
BE: 1 ADDRESS			5 3 \$1	REET	ADDRESS					
14 St ZP			5.4 CII		T-ZIP			7.05.	. [7] (422)	
II'LE	T	☐ DELFTE	6 1 TI	1LF	1			] Chang	e 🔲 Addition	

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 cath, that I am an officer operation or the comparation 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 3 if changed or on an attachment with an address.

6 4 CITY - ST - ZIP

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

ANNETT