

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 # H30633 (2)

1. Corporation Name

NATURE WONDERLAND, INC.



Principal Place of Business

Mailing Address

393 N TEMPLE AVE
STARKE FL 32091
US

P.O. BOX 517
STARKE FL 32091
US

2. Principal Place of Business

21 Same

2a. Mailing Address

25 393 N. Temple Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

23 Starke, Florida

24 Zip Country

24 32091 US

27 City & State

27 Starke, Florida

29 Zip Country

29 32091 US

3. Date incorporated or Qualified

11/20/1984

3a. Date of Last Report

01/24/1995

4. FEI Number

59-3029112

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

ODOM, VERNIE P.
393 N. TEMPLE AVENUE
393 N. TEMPLE AVE.
STARKE FL 32091

10. Name and Address of New Registered Agent

81 Name

Vernie P. Odom

82 Street Address (P.O. Box Number is Not Acceptable)

393 N. Temple Ave.

83

84 City

Starke

FL

85 Zip Code

32091

11. Pursuant to the provisions of Sections 607.0508 and 607.1608, 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

Vernie P. Odom

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ODOM, J.D., JR.
STREET ADDRESS 393 N TEMPLE AVE, POB 517
CITY-ST-ZIP STARKE FL

TITLE STD ☐ DELETE

NAME ODOM, VERNIE P.
STREET ADDRESS 393 N TEMPLE AVE, POB 517
CITY-ST-ZIP STARKE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, changed, or on an attachment with an address.

SIGNATURE:

Vernie P. Odom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 904964-6374

DATE

Daytime Phone #

CR2E034 (12/95)