FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H62723** **(2)**

1. Corporate Name

RAINBOW RANCH PETTING FARM - PONY RIDES, INC.

Principal Place of Business	Mailing Address
% PATRICIA J. SCOTT 358 S ARBUCKLE BLVD. AVON PARK FL 33825-0894	% PATRICIA J. SCOTT 358 S ARBUCKLE BLVD. AVON PARK FL 33825-0894

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/19/1985**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. # etc. — 22
Suite, Apt. # etc. — 27

City & State — 23
City & State — 28

Zip — 24 | County — 25
Zip — 29 | County — 30

4. FEI Number: **59-2646337** ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCOTT, PATRICIA J. 358 S ARBUCKLE BLVD. AVON PARK FL 33825	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 Section 607.1005 (or 617.1905) 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 607.325 Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
1 TITLE	PD	☐ Change ☐ Addition
1 NAME	SCOTT, PATRICIA J.	
1 STREET ADDRESS	358 S. ARBUCKLE BLVD	
1 CITY-ST-ZIP	AVON PARK FL	
2 TITLE	TSD	☐ Change ☐ Addition
2 NAME	LAVAN, SHIRLEY A.	
2 STREET ADDRESS	358 S. ARBUCKLE BLVD	
2 CITY-ST-ZIP	AVON PARK FL	
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I DO HEREBY CERTIFY that the information supplied with this filing is true and accurate and that my signature shall be 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 above, or on an attachment with an address.

SIGNATURE: S Shirley A. Lavan T.S.D. **5/4/95** **(813) 453-4741**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0316178 CP