FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K06597** **(4)**

1. Corporation Name
HAPPY TRAILS NURSERY, INC.

Principal Place of Business	Mailing Address
1009 JASMINE AVE EUSTIS FL 32726 US	P.O. BOX 350175 GRAND ISLAND FL 32735-0175 US

2. Principal Place of Business 21 1009 Jasmine St	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 01/01/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2859187	☐ 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

WALLACE, SALLIE D.
1009 JASMINE AVE
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1009 Jasmine St

83

84 City Eustis **FL** 85 Zip Code 32726

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 Sallie D Wallace SALLIE D. WALLACE 4/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WALLACE, L. KELLY		1.2 NAME		
STREET ADDRESS	1009 JASMINE AVE		1.3 STREET ADDRESS	1009 Jasmine St	
CITY-ST-ZIP	EUSTIS FL		1.4 CITY-ST-ZIP	Eustis FL 32726	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	WALLACE, SALLIE D.		2.2 NAME		
STREET ADDRESS	1009 JASMINE AVE		2.3 STREET ADDRESS	1009 Jasmine St	
CITY-ST-ZIP	EUSTIS FL		2.4 CITY-ST-ZIP	Eustis FL 32726	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sallie D Wallace SALLIE D. WALLACE 4/30/97 (352) 357-0353