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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
1009 JASMINE AVE
EUSTIS FL 32726
US

Mailing Address
P.O. BOX 350175
GRAND ISLAND FL 32735-0175
US

3. Date Incorporated or Qualified: **01/01/1988**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 1009 Jasmine St
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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	

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: See [illegible] 4/30/97 (352) 357-0753

CR2E034 (9/96)