FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K58665** **(6)**

1. Corporate Name
HEAVEN'S GAIT RANCH, INC.

Principal Place of Business	Mailing Address
%JEFF & PAM SCHROEDER P.O. BOX 222 OKAHUMPKA FL 34762 US	%JEFF & PAM SCHROEDER P.O. BOX 222 OKAHUMPKA FL 34762 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/17/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
Suite, Apt. # etc. (22)
City & State (23)
Zip (24) County (25)

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

4. FEI Number: **59-2923785** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHROEDER, JEFFREY K.
22671 LOOP RD
OKAHUMPKA FL 34762

10. Name and Address of New Registered Agent

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 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

12. OFFICERS AND DIRECTORS

01	D
NAME	SCHROEDER, JEFFREY K.
STREET ADDRESS	22671 LOOP RD
CITY ST ZIP	OKAHUMPKA FL
02	
NAME	
STREET ADDRESS	
CITY ST ZIP	
03	
NAME	
STREET ADDRESS	
CITY ST ZIP	
04	
NAME	
STREET ADDRESS	
CITY ST ZIP	
05	
NAME	
STREET ADDRESS	
CITY ST ZIP	
06	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
1 NAME	
1 STREET ADDRESS	
1 CITY ST ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY ST ZIP	
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/We 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)(i), Florida Statutes. I further certify that the information indicated on this 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 11 or Block 12 or Block 13 with an asterisk.

SIGNATURE: [signature] 4-30-95 (904) 748-8151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483043 FP