

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K81730 (9)

1. Corporation Name

HAPPY TRAILS, INC.



Principal Place of Business

Mailing Address

820 NE 24TH LANE
UNIT 105
CAPE CORAL FL 33909
US

820 NE 24TH LN
UNIT 105
CAPE CORAL FL 33909
US

3. Date Incorporated or Qualified

04/19/1989

3a. Date of Last Report

07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 923 A NE 24th LANE

26 923 A NE 24th LANE

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

CAPE CORAL, FL

28 City & State

CAPE CORAL, FL

24 Zip Country

33909 LEE

29 Zip Country

33909 LEE

4. FEI Number

65-0122047

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

SIMAT, ROBERT J.
4332 SW 1ST PLACE
CAPE CORAL FL 33914

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

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

(If both Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SIMAT, ROBERT J.	
STREET ADDRESS	4332 SW 1ST PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VST	☐ DELETE
NAME	SIMAT, DONNA	
STREET ADDRESS	4332 SW 1ST PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	☐ DELETE
NAME	SIMAT, DONNA	
STREET ADDRESS	4332 SW 1ST PLACE	
CITY-ST-ZIP	CAPE CORAL 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna Simat, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA SIMAT

6/19/96

941-772-8880

Date

Business Phone #

CR2E034 (3/96)