

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 06 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 # P93000015221 (3)

1. Corporation Name
WILDFLOWER HORSE RANCH, INC.

Principal Place of Business

CHERYL GREGO
16897 ORANGE BLVD.
LOXAHATCHEE FL 33470

Mailing Address

CHERYL GREGO
16897 ORANGE BLVD.
LOXAHATCHEE FL 33470-3351

3. Date Incorporated or Qualified
02/19/1993

3a. Date of Last Report
04/15/1996

4. FEI Number
65-0387272

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

2. Principal Place of Business

21 2450 S.E. 156 PLACE ROAD
Suite, Apt. #, etc.

22 City & State
SUMMERFIELD FL

23 Zip Country
34491 U.S.A.

24 34491 25 U.S.A.

2a. Mailing Address

26 PO BOX 965
Suite, Apt. #, etc.

27 City & State
BELLEVUE FL

28 Zip Country
34421-0965 U.S.A.

29 34421-0965 30 U.S.A.

9. Name and Address of Current Registered Agent

GREGO, CHERYL
16897 ORANGE BLVD.
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name
CHERYL GREGO
82 Street Address (P.O. Box Number is Not Acceptable)
2450 S.E. 156 PLACE ROAD
83
84 City
SUMMERFIELD FL 85 Zip Code
34491

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 *Cheryl Grego* (NOTE: Registered Agent signature required when reinstating) DATE March 1, 1997

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	GREGO, CHERYL	
STREET ADDRESS	16897 ORANGE BLVD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2450 S.E. 156 PLACE ROAD
1.4 CITY-ST-ZIP	SUMMERFIELD FL 34491
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Cheryl Grego* (REQUIRED) DATE: March 1, 1997 352/307-8892

CR2E034 (9/96)