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FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

2450 SE 156 PLACE RD  
SUMMERFIELD FL 34491  
US

Mailing Address

P O BOX 965  
BELLEVUE FL 34421-965  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1993

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 16434 70<sup>th</sup> ST. NORTH  
Suite, Apt. #, etc.

22 City & State

23 LOXAHATCHEE FL  
Zip Country

24 33470

25 PALM BEACH

2a. Mailing Address

26 16434 70<sup>th</sup> ST. NORTH  
Suite, Apt. #, etc.

27 City & State

28 LOXAHATCHEE FL  
Zip Country

29 33470

30 PALM BEACH

9. Name and Address of Current Registered Agent

GREGO, CHERYL  
2450 SE 156 PLACE RD  
SUMMERFIELD FL 34491

81 Name

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

16434 70<sup>th</sup> ST. NORTH

83

84 City LOXAHATCHEE

FL

85 Zip Code 33470

10. Name and Address of New Registered Agent

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*  
Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

3-5-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D GREGO, CHERYL  
STREET ADDRESS 2450 SE 156 PLACE RD  
CITY-ST-ZIP SUMMERFIELD 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

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 ☒ Change ☐ Addition

1.2 NAME D CHERYL GREGO  
1.3 STREET ADDRESS 16434 70<sup>th</sup> STREET NORTH  
1.4 CITY-ST-ZIP LOXAHATCHEE FL 33470

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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* 3-5-98 561-792-5981

CR2E034 (10/97)