

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045279 (5)

1. Corporation Name

WILD CHERRY, INC.

Principal Place of Business

**6402 FAIRLAWN STREET
SPRING HILL FL 34606**

Mailing Address

**6402 FAIRLAWN STREET
SPRING HILL FL 34606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3188680

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**

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 10022 U.S. Hwy 19

2a. Mailing Address

26 10022 U.S. Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Port Richey, FL

City & State

28 Port Richey, FL

Zip

Country

Zip

Country

24 34668

25

29 34668

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHERRY, ROSEMARY S
6402 FAIRLAWN STREET
SPRING HILL FL 34606**

81 Name

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

10022 U.S. Hwy 19

83

84 City

Port Richey

FL

85 Zip Code

34668

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 the filer (applicant)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CHERRY, ROSEMARY S
6402 FAIRLAWN STREET
SPRING HILL FL 34606**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☒ Change ☐ Addition
**10022 U.S. Hwy 19
Port Richey, FL 34668**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CHERRY, GLORIA
4960 SOUTH SHORE DRIVE
NEW PORT RICHEY FL 34652**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 110.07(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Rosemary S. Cherry

813-868-0168