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 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/09/95--01128--004
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000066329 (1)

1. Corporation Name
THE WILD PLUM, INC.

Principal Place of Business: ~~551 ELKCAM CIRCLE~~ 599 S. Collier BLVD # 213
MARCO ISLAND FL 33937

Mailing Address: ~~551 ELKCAM CIRCLE~~
MARCO ISLAND FL 33937
599. S Collier # 213

3. Date Incorporated or Qualified: 09/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 599 S. Collier Blv.	26 599 S. Collier Blv.
Suite, Apt. #, etc: 22 # 213	Suite, Apt. #, etc: 27 # 213
City & State: 23 Marco Island, Fl	City & State: 28 Marco Island, Fl
Zip: 24 33937 Country: 25 Collier	Zip: 29 33937 Country: 30 Collier

4. FEI Number: 65-0523161 ☐ 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

TUCKER, E. GLENN
950 N. COLLIER BLVD.
SUITE 204 - SUN BANK CENTRE
MARCO ISLAND FL 33937

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 ______ DATE

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	DANA CLEARY
STREET ADDRESS	710 W ELKCAM CR. PH1
CITY-ST-ZIP	MARCO ISLAND, FL 33937
TITLE	SECRETARY
NAME	LINDA BECKWITH
STREET ADDRESS	661 BRIDGEWAY LANE
CITY-ST-ZIP	NAPLES, FL 33963
TITLE	TREASURER
NAME	PAT BERRY NA
STREET ADDRESS	P.O. BOX 133
CITY-ST-ZIP	MARCO ISLAND, FL 33969
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP	☐ Change	☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	☐ Change	☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	☐ Change	☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change	☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	☐ Change	☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 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 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: Dana P. Cleary Pres. 4/16/95 (813) 394-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0324995 CP