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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014973 (8)

SANTA FE RIVER AUSTRALIAN SHEPHERDS, INC.

Principal Place of Business 9120 N.E. 40TH CT. ROAD HIGH SPRINGS FL 32643-9131

Mailing Address

2a. Mailing Address

9120 NE 40 COURT ROAD HIGH SPRINGS FL 32643

FILED Feb 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1995

4. FEI Number

2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21/4/20	NEHOCTICD	26 SAME		59-3302058	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	ISPRINGS FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24 32643 25 USA 29 11 30						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AVEDY MACCIE E 81 Name						
AVERY, MAGGIE E						
9120 N.E. 40TH CT. ROAD			82 Street Address (P.O. Box Number Is Not Acceptable)			
HIGH SPRINGS FL 32643						
			83			
1			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code	
					<u>FL </u>	
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 tautitys with, and accept the outgations of Section 607,0505, Florida Statutes.						
SIGNATURE & MARGARE & (JURAS)						
Signature, typed or profed name or registered agent and use if applicable. 12. CFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
12.	PSTD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME	AVERY, MAGGIE E		1.2 NAME			
STREET ADDRESS	9120 NE 40 COURT RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS FL 32643		1.4 CITY-ST-ZIP		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
TITLE	1110110111110011	DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME		_	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-SI-ZIP			2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DEFELE	5.1 TATLE		Change Addition	
NAME			5.2 NAME		Í	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP		- I not est	5,4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		Ab. (- EII)	E.4 CITY-ST-ZIP	O - 1 - 440 07/0\/D Et - 14- Obel 1		
14. I hereby certify that the information supplied with this filling 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 suppliemental 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						