

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V19158** (7)

1. Corporation Name  
**WILDFLOWER DEVELOPMENT CORPORATION**



Principal Place of Business  
**10160 MCGREGOR BLVD.  
FORT MYERS FL 33919**

Mailing Address  
**10160 MCGREGOR BLVD.  
FORT MYERS FL 33919**

3. Date Incorporated or Qualified **03/05/1992** 3a. Date of Last Report **08/04/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0394586</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

**FARNSWORTH, ROBERT L.  
10160 MCGREGOR BLVD.  
FORT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 box of applicable

(If the Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARNSWORTH, ROBERT L.</b>	1.2 NAME	
STREET ADDRESS	<b>10160 MCGREGOR BLVD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FORT MYERS FL</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARNSWORTH, GAYLE C.</b>	2.2 NAME	
STREET ADDRESS	<b>10160 MCGREGOR BLVD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FORT MYERS FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAVER, CYNTHIA</b>	3.2 NAME	
STREET ADDRESS	<b>1291 CLARET CIRCLE</b>	3.3 STREET ADDRESS	<b>3628 Heritage Lane</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>	3.4 CITY - ST - ZIP	<b>Ft Myers, FL 33908</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAVER, ROGER WARD</b>	4.2 NAME	
STREET ADDRESS	<b>1291 CLARET CIRCLE</b>	4.3 STREET ADDRESS	<b>3628 Heritage Lane</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>	4.4 CITY - ST - ZIP	<b>Ft Myers, FL 33908</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(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 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 or on an attachment with an address.

SIGNATURE:

*Gayle C. Farnsworth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EC

944-481-3937  
Daytime Phone #

CR2E034 (12/95)