

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 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41685** (1)

1. Corporation Name
NOLAN'S BIRD RANCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4405 S HOPKINS AVE **4405 S HOPKINS AVE**
TITUSVILLE FL 32780 **TITUSVILLE FL 32780**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/04/1992 **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3163462		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Travel Fund Contribution			
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NOLAN, MARLENE A 4405 S HOPKINS AVE TITUSVILLE FL 32750				81 Name Marlene L. Adams (name & address change)			
				82 Street Address (P.O. Box Number is Not Acceptable) 4405 S. Hopkins Ave.			
				83 Titusville			
				84 City Titusville FL 85 Zip Code 32780			

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 Marlene L. Adams DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, MARLENE A	1.2 NAME	Marlene L. Adams
STREET ADDRESS	4250 ABBOTT AVENUE	1.3 STREET ADDRESS	4405 S. Hopkins Avenue
CITY - ST - ZIP	TITUSVILLE FL	1.4 CITY - ST - ZIP	Titusville, FL 32780
TITLE	VP	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, MARION E	2.2 NAME	Maureen H. Adams
STREET ADDRESS	4250 ABBOTT AVENUE	2.3 STREET ADDRESS	4406 S. Hopkins Avenue
CITY - ST - ZIP	TITUSVILLE FL	2.4 CITY - ST - ZIP	Titusville, FL 32780
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MAUREEN	3.2 NAME	
STREET ADDRESS	4405 S. HOPKINS AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 110.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marlene L. Adams (Marlene L. Adams) 4:29:95 407-268-0923
(Signature typed or printed name of signing officer or director)