

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015890

Entity Name: WILDFLOWERS OF FLORIDA, INC.**Current Principal Place of Business:**27715 NW 107TH ST.
ALACHUA, FL 32615**Current Mailing Address:**27715 NW 107TH ST.
ALACHUA, FL 32615**FEI Number:** 59-3696908**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZINN, TERRY L
27715 NW 107TH ST.
ALACHUA, FL 32615 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	ZINN, TERRY L
Address	27715 NW 107TH ST.
City-State-Zip:	ALACHUA FL 32615

Title	VP
Name	STRAB, PETER
Address	11317 SW 86TH PLACE
City-State-Zip:	GAINESVILLE FL 32608

Title	T
Name	ZINN, TERRY L
Address	27715 NW 107TH ST.
City-State-Zip:	ALACHUA FL 32615

Title	S
Name	ZINN, TERRY L
Address	27715 NW 107TH ST.
City-State-Zip:	ALACHUA FL 32615

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TERRY L. ZINN**PRESIDENT****02/02/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date