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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000004724 (9)

1. Corporation Name

SEARCHERS ON SADDLES, INC.



Principal Place of Business

Mailing Address

2815 GRANT ROAD
GRANT FL 32949

2815 GRANT ROAD
GRANT FL 32949-8116

3. Date Incorporated or Qualified
10/06/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. BOX 501391

22 City & State

27 City & State
MALABAR, FLORIDA

23 Zip Country

28 Zip Country
32950-1391 U.S.A.

4. FEI Number
59-3354844

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

10. Name and Address of New Registered Agent

WRIGHT, SHERYL P
1814 ERIN COURT NE
PALM BAY FL 32905

81 Name
JERRY E. KILIAN

82 Street Address (P.O. Box Number is Not Acceptable)
116 CROWN AVENUE N.E.

83

84 City
PALM BAY

85 Zip Code
FL 32907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Jerry E. Kilian
Signature, typed or printed name of registered agent and title if applicable

JERRY E. KILIAN
(NOTE: Registered Agent signature required when reinstating)

3/9/97
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LENT, PATRICIA
STREET ADDRESS 2815 GRANT ROAD
CITY-ST-ZIP GRANT FL 32949

TITLE D
NAME WRIGHT, SHERYL P
STREET ADDRESS 1814 ERIN COURT NE
CITY-ST-ZIP PALM BAY FL 32905

TITLE D
NAME HUMPHREY, DELLRIE
STREET ADDRESS 4191 COREY ROAD
CITY-ST-ZIP MALABAR FL 32950

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D
2.2 NAME PATRICIA ROGERS
2.3 STREET ADDRESS 3900 PINWOOD ROAD
2.4 CITY-ST-ZIP MELBOURNE, FL 32934

3.1 TITLE D
3.2 NAME JERRY E. KILIAN
3.3 STREET ADDRESS 116 CROWN AVENUE
3.4 CITY-ST-ZIP PALM BAY, FL 32907

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jerry E. Kilian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY E. KILIAN 3/9/97

Date

Daytime Phone # 0021112

CR2E037 (9/96)