

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000079679

**Entity Name:** FLORIDA EQUINE PUBLICATIONS, INC.

**Current Principal Place of Business:**

801 SW 60TH AVE  
OCALA, FL 34474-1827

**Current Mailing Address:**

801 SW 60TH AVE  
OCALA, FL 34474-1827

**FEI Number:** 59-3406060

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POWELL, LONNY T  
801 SW 60TH AVE  
OCALA, FL 34474-9516 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 CEO, PUBLISHER  
Name POWELL, LONNY T  
Address 801 SW 60TH AVENUE  
City-State-Zip: Ocala FL 34474

Title VC, DIRECTOR  
Name MATTHEWS, PHIL DVM  
Address 9420 S MAGNOLIA AVENUE  
City-State-Zip: Ocala FL 34476

Title VC, DIRECTOR  
Name WHEELER, GREG  
Address 10137 NW 19TH PLACE  
City-State-Zip: Ocala FL 34482

Title CHAIRMAN, DIRECTOR  
Name FERNUNG, BRENT  
Address JOURNEYMAN STUD  
5571 NW 100TH STREET  
City-State-Zip: Ocala FL 34482

Title SECRETARY, DIRECTOR  
Name ISAACS, GEORGE  
Address BRIDLEWOOD FARM  
8318 NW 90TH TERRACE  
City-State-Zip: Ocala FL 34482

Title TREASURER, DIRECTOR  
Name RUSSELL, GEORGE  
Address 12010 NW HWY 225A  
City-State-Zip: REDDICK FL 32686

*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:** LONNY POWELL

**CEO**

**02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date