FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **328086** **(4)**

1. Current Name
EQUINE INFORMATION, IN .

Principal Place of Business
17200 SE 58 AVE
SUMMERFIELD FL 34491
US

Mailing Address
17200 SE 58 AVE.
SUMMERFIELD FL 34491
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/28/1968**	3a. Date of Last Report: **04/29/1994**
4. FEI Number: **39-2235960**	☐ 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
7. The corporation was initially incorporated under S. 193.052, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. # etc. (22) | Suite, Apt. # etc. (27)
City & State (23) | City & State (28)
(24) (25) | Zip (29) (30)

9. Name and Address of Current Registered Agent

LANE, ROBERTA W.
17200 SE 58 AVE.
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1803(2) or 617.1803, 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(S)

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
01 TITLE	PD	01 TITLE	☐ Change ☐ Addition
02 NAME	LANE,ROBERTA W	02 NAME	
03 STREET ADDRESS	17200 SE 58TH AVE	03 STREET ADDRESS	
04 CITY ST ZIP	SUMMERFIELD FL	04 CITY ST ZIP	
05 TITLE	D	05 TITLE	☐ Change ☐ Addition
06 NAME	SCHMALTZ, PATRICIA	06 NAME	
07 STREET ADDRESS	17200 SE 58TH AVE	07 STREET ADDRESS	
08 CITY ST ZIP	SUMMERFIELD FL	08 CITY ST ZIP	
09 TITLE	D	09 TITLE	☐ Change ☐ Addition
10 NAME	MAYE, MARGARET	10 NAME	
11 STREET ADDRESS	17200 SE 58TH AVE	11 STREET ADDRESS	
12 CITY ST ZIP	SUMMERFIELD FL	12 CITY ST ZIP	
13 TITLE	D	13 TITLE	☐ Change ☐ Addition
14 NAME	LANE, THOMAS J.	14 NAME	
15 STREET ADDRESS	17200 SE 58TH AVE	15 STREET ADDRESS	
16 CITY ST ZIP	SUMMERFIELD FL	16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is true, and that this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 an address, with all other like empowered.

SIGNATURE: Roberta W Lane **4-28-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0450206 FP