SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **L23627** **(7)**

1. Corporation Name
THE TACK ROOM INC.

Principal Place of Business	Mailing Address
208 S. MAIN STREET BUSHNELL FL 33513	208 S. MAIN STREET BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1989
3a. Date of Last Report: 03/22/1996

2. Principal Place of Business	2a. Mailing Address
21 212 N. BROAD ST.	26 212 N. BROAD ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Bushnell, FL	27 Bushnell, FL
City & State	City & State
23 33513 USA	28 33513 USA
Zip / Country	Zip / Country
24 / 25	29 / 30

4. FEI Number: 59-2974184 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLEN, CURTIS 218 NORTH BROAD STREET BUSHNELL 33513	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, CURTIS		1.2 NAME		
STREET ADDRESS	218 N. BROAD ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL		1.4 CITY-ST-ZIP		
TITLE	VDS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, BRENDA E.		2.2 NAME		
STREET ADDRESS	218 N. BROAD ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL		2.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BEAVERS, CARYL		3.2 NAME		
STREET ADDRESS	212 N BROAD ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (4/97)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 8/10/97 (352) 793-3...