

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M76273

(5)

1. Corporation Name

SINGLES STABLES, INC.

FILED
95 JUL 25 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

1230 MANDY LA.
ASTOR FL 32102-7959

Mailing Address

1230 MANDY LA.
ASTOR FL 32102-7959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1988

3a. Date of Last Report

06/28/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

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City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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4. FEI Number

59-2886189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

ZIMMERMAN, MARK A.
431 EAST NEW YORK AVE.
DELAND FL 32721-2087

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 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

Signature of person or persons named as registered agent and the applicable

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

DP
STEURY, PETE HENRY
1230 MANDY LA.
ASTOR FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

DVS
HISER, LINDA LOU
1230 MANDY LA.
ASTOR FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

HISER, LINDA LOU
1230 MANDY LA.
ASTOR FL

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

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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: Linda Lou Hiser Linda Lou Hiser

6/30/95

614-363 0697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR