


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**APPROVED  
AND  
FILED**

1998 FEB 24 PH 3: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b> <i>98</i>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48588 (0)**

1. Corporation Name  
**SUNSHINE STATE RACKING & WALKING HORSE ASSOCIATI  
ON INC.**

Principal Place of Business 7626 SPOONBILL AVE. ORLANDO FL 32822	Mailing Address 7626 SPOONBILL AVE. ORLANDO FL 32822
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**REINSTATEMENT**

*07-98  
12/24/98*

2. Principal Place of Business 21 <b>9563 Handley Court</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>9563 Handley Court</b> Suite, Apt. #, etc.
22 City & State 23 <b>Orlando, Florida</b>	27 City & State 28 <b>Orlando, Florida</b>
24 <b>32817</b> 25 <b>USA</b>	29 <b>32817</b> 30 <b>USA</b>

3. Date Incorporated or Qualified <b>04/28/1992</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-3129423</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**HORTON, HAROLD W**  
7626 SPOONBILL AVE.  
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name <b>Edward Boone</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9563 Handley Court</b>
83 <b>200002441922--6</b>
84 City <b>Orlando</b>

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 *Edward Boone, President & Treas.* **8-29-97**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>BOONE, EDWARD</b>	
STREET ADDRESS	<b>7626 SPOONBILL AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/>
NAME	<b>CAROL WORSHAM</b>	
STREET ADDRESS	<b>2910 HWY 41 S</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE	<b>D&amp;T</b>	<input checked="" type="checkbox"/>
NAME	<b>HORTON, HAROLD W</b>	
STREET ADDRESS	<b>7626 SPOONBILL AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MARIE AUGUSTYNIK</b>	
STREET ADDRESS	<b>21251 MOORE RD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>CONKLE, DONNA</b>	
STREET ADDRESS	<b>30131 ST. JOE RD.</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>RIKER, PEGGY</b>	
STREET ADDRESS	<b>17789-D LAKE CARLTON DRIVE</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	<b>P/T</b>		
1.2 NAME	<b>BOONE, EDWARD</b>		
1.3 STREET ADDRESS	<b>9563 HANDLEY COURT</b>		
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32817</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	<b>V</b>		
2.2 NAME	<b>WIMBERLY, MARGIE</b>		
2.3 STREET ADDRESS	<b>120 Crouse Lane, Florahome, Fl. 33330</b>		
2.4 CITY-ST-ZIP	<b>FLORAHOME, FL 33330</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	<b>S</b>		
3.2 NAME	<b>DESCHAMPS, DEBBIE</b>		
3.3 STREET ADDRESS	<b>15656 PONCE DE LEON BLVD.</b>		
3.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	<b>D</b>		
4.2 NAME	<b>COTTLE, JUNIOR</b>		
4.3 STREET ADDRESS	<b>4825 SHADYGLEN DRIVE</b>		
4.4 CITY-ST-ZIP	<b>LAKELAND, FL. 33809</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	<b>D</b>		
5.2 NAME	<b>WOMACK, PEGGY</b>		
5.3 STREET ADDRESS	<b>5534 TURKEY CREEK ROAD</b>		
5.4 CITY-ST-ZIP	<b>PLANT CITY, FLORIDA 33566</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	<b>D</b>		
6.2 NAME	<b>WIMBERLY, HENRY</b>		
6.3 STREET ADDRESS	<b>120 Crouse Lane Florahome, Fl. 33330</b>		
6.4 CITY-ST-ZIP	<b>FLORAHOME, FL 33330</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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. Further, I 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 REQUIRED *Edward Boone 8-29-97*

CR2E037 (4/97)