

FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90095 018 ****61.25

0001781

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000000977

1. Corporation Name
SOUTHEASTERN NATIONAL SHOW HORSE ASSOCIATION, IN C.

Principal Place of Business
 1441 EAST HIGHWAY 316
 CITRA FL 32113

Mailing Address
 1441 EAST HIGHWAY 316
 CITRA FL 32113



| | | | | | |
|--------------------------------|--|---------------------|--|-----------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 02/23/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3308440 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing | |
| 24 | | 29 | | Trust Fund Contribution <input type="checkbox"/> | |
| Country | | Country | | \$5.00 May Be Added to Fees | |
| 25 | | 30 | | | |

| | | | | | | | |
|-------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SHEEHE & VENDITTELLI P.A. 1800 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLIGAN, MISDEE | 1.2 NAME | |
| STREET ADDRESS | 1441 E. HIGHWAY 316 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CITRA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHEEHE, PHILLIP J | 2.2 NAME | |
| STREET ADDRESS | 201 S. BISCAYNE BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 2.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MILAVIC, KATHY | 3.2 NAME | SEC. DEBBIE R. MILIKEL |
| STREET ADDRESS | 4450 NW 74TH TERR | 3.3 STREET ADDRESS | 1102 SEMINOLE DR. |
| CITY-ST-ZIP | OCALA FL 34482 | 3.4 CITY-ST-ZIP | Indian Harbour Beach, FL 32937 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARMONY, TOM | 4.2 NAME | Tom Harmony |
| STREET ADDRESS | P O BOX 560869 N/A | 4.3 STREET ADDRESS | 2190 Rockledge DR |
| CITY-ST-ZIP | ROCKLEDGE FL 32956 | 4.4 CITY-ST-ZIP | Rockledge, FL 32955 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tom Harmony* SIGNATURE REQUIRED *4/30/99* 407-431-5195
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)