SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # **N96000004623 (2)**

1. Corporation Name

EXCEPTIONAL EQUESTRIANS, INC.

Principal Place of Business	Mailing Address
940 GREENS DAIRY ROAD DELAND FL 32720	POST OFFICE BOX 3648 DELAND FL 32721

3. Date Incorporated or Qualified: **09/03/1996**

4. FEI Number: **59-3415072** [ ] 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. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26 940 Green Dairy Rd Deland
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Deland, FL
24 Zip / 25 Country	29 32720 / 30 Volusia

9. **Name and Address of Current Registered Agent**

FLOYD, BRUCE W ESQ.
840 NEW YORK AVENUE
DELAND FL 32720

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 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 _____ 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	MDP	[X] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	ANDERSON, SCOTT M.		1.2 NAME		
STREET ADDRESS	2828 CONCORD RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP		
TITLE	DS	[X] DELETE	2.1 TITLE	MDP	[X] Change [ ] Addition
NAME	ANDERSON, JULIENE J.		2.2 NAME	Anderson, Juliene J	
STREET ADDRESS	2828 CONCORD RD		2.3 STREET ADDRESS	940 Greens Dairy Rd	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP	Deland FL 32720	
TITLE	D	[X] DELETE	3.1 TITLE	DS	[X] Change [ ] Addition
NAME	NORRIS, JOY		3.2 NAME	Joy Norris	
STREET ADDRESS	735 SWARTHEMORE		3.3 STREET ADDRESS	735 Swarthmore	
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP	Deland FL 32724	
TITLE	D	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	FORTNER, JAN		4.2 NAME		
STREET ADDRESS	210 BUNKER CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL		4.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME	BAUMGARTNER, ROGER		5.2 NAME		
STREET ADDRESS	110 COUNTRY CLUB DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		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		

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.

SIGNATURE: _____ 9-30-98 9047385075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/98)