FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -1 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35818 (4)

1. Corporation Name
THE RED HORSERS INCORPORATED

Principal Place of Business	Mailing Address
C/O IRA M. KISER 113 CARLYLE DRIVE PALM HARBOR FL 34683	C/O IRA M. KISER 113 CARLYLE DRIVE PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1991
3a. Date of Last Report: 03/09/1994
4. FEI Number: 59-3066148 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KISER, IRA M.
113 CARLYLE DRIVE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	PT	1.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	KISER, IRA M.	1.2 NAME	Kiser, Ira M.
STREET ADDRESS	113 CARLYLE DRIVE	1.3 STREET ADDRESS	113 Carlyle Drive
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Palm Harbor,FL. 34683-1806
TITLE	CD	2.1 TITLE	President/D ☒ Change ☐ Addition
NAME	KISER, IRA M.	2.2 NAME	Harjehausen,Arnold E.
STREET ADDRESS	113 CARLYLE DRIVE	2.3 STREET ADDRESS	7112 Garrison Rd.
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Des Moines, IA. 50322-4814
TITLE	VSD	3.1 TITLE	Secretary/D ☒ Change ☐ Addition
NAME	PARKS, GORDON M.	3.2 NAME	Parks,Gordon M.
STREET ADDRESS	904 ST PIERRE COVE	3.3 STREET ADDRESS	904 St Pierre Cove
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	Niceville FL. 32578-4032
TITLE		4.1 TITLE	Vice President/D ☐ Change ☒ Addition
NAME		4.2 NAME	Justice, Vyrl W.
STREET ADDRESS		4.3 STREET ADDRESS	100 Thompson Dr.,S.E.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cedar Rapids, IA. 52403
TITLE		5.1 TITLE	Chaplain/D ☐ Change ☒ Addition
NAME		5.2 NAME	Rose,Ben L.
STREET ADDRESS		5.3 STREET ADDRESS	1221 Rennie Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Richmond,VA. 23227
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DEPOSITED BY BANK

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(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: Ira M. Kiser Ira M. Kiser/Treasurer 24 February 95 (813) 785-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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