

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # P92000007483 (0)**

**95 MAR 14 AM 10:15**

1. Corporation Name  
**HORSE & PONY NEWSPAPER INC.**

Principal Place of Business      Mailing Address  
**6229 VIRGINIA LANE      P.O. BOX 2050  
SEFFNER FL 33584      SEFFNER FL 33584-2050**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/23/1992      06/15/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2647303		Not Applicable	
Sute, Apt. #, etc.		Sute, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
24	25	29	30	8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HIRVELA, VALERIE J 6230 VIRGINIA LANE SEFFNER LANE FL 33584</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: *Louise F. Smith*  
(Typed or printed name of registered agent and his or her associate)      (Typed or printed name of registered agent and his or her associate)      (Typed or printed name of registered agent and his or her associate)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	Sec. - Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LOUISE F	12 NAME	Smith, Louise F
STREET ADDRESS	3305 RIVERGROVE DRIVE	13 STREET ADDRESS	3305 Rivergrove Dr - (POB 310356)
CITY - ST - ZIP	TAMPA FL	14 CITY - ST - ZIP	Tampa, FL 33680-0356
TITLE	P	21 TITLE	Pres <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRVELA, VALERIE J.	22 NAME	Hirvela, Valerie J.
STREET ADDRESS	6230 VIRGINIA LANE	23 STREET ADDRESS	6230 Virginia Ln.
CITY - ST - ZIP	SEFFNER LANE FL	24 CITY - ST - ZIP	Seffner, FL 33584
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CLAUDE <i>died</i>	32 NAME	
STREET ADDRESS	3305 RIVERGROVE DRIVE <i>Dec. 4, 1994</i>	33 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33680	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information reflected 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 007, Florida Statutes; and that my name is at least on Block 12 or Block 13 of this report, or on an attachment with this address.

SIGNATURE: *Louise F. Smith*      *3/8/95*      *513-621-2510*  
(Typed or printed name of signing officer or director)      Date      License Number  
**Louise F. Smith**