

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000007483 (0)

1. Corporation Name
HORSE & PONY NEWSPAPER INC.



Principal Place of Business 6229 VIRGINIA LANE SEFFNER FL 33584 9	Mailing Address P.O. BOX 2050 SEFFNER FL 33583-2050
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1992	3a. Date of Last Report 04/24/1996
21	26	4. FEI Number 59-2647303	Applied For Not Applicable		
22	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HIRVELA, VALERIE J
 6230 VIRGINIA LANE
 SEFFNER LANE FL 33584 9**

10. Name and Address of New Registered Agent

81 Name
(or) Louise F. Smith

82 Street Address (P.O. Box Number is Not Acceptable)
3305 River Grove Dr

83 City
Tampa

84 State
FL

85 Zip Code
33610

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 *X Louise F. Smith, Secretary* DATE *May 1, 1997*

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SMITH, LOUISE F	
STREET ADDRESS	3305 RIVERGROVE DRIVE	
CITY - ST - ZIP	TAMPA FL 33610-1562	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HIRVELA, VALERIE J.	
STREET ADDRESS	6230 VIRGINIA LANE	
CITY - ST - ZIP	SEFFNER LANE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Louise F. Smith, Secretary* DATE: *May 1, 1997*

CR2E034 (9/96)