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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:30

DOCUMENT # **P94000039075 (4)**

1. Corporation Name
KENNEDY SADDLE SHOP, INC.

Principal Place of Business	Mailing Address
300 GARFIELD AVE SUITE 100 WINTER PARK FL 32789-3179	300 GARFIELD AVE SUITE 100 WINTER PARK FL 32789-3179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4670 Oren Brown Rd,	26 4670 Oren Brown Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Kissimmee Fla.	City & State 28 Kissimmee, Florida
Zip / Country 24 34746 / 25 U.S.A.	Zip / Country 29 34746 / 30 U.S.A.

4. FEI Number: 59-3262992 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHEELER, KENNETH B 300 GARFIELD AVE SUITE 100 WINTER PARK FL 32789-3179	01 Name 02 Street Address (P.O. Box Number Is Not Acceptable) 03 04 City **FL** 05 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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, NELSON L	1.2 NAME	
STREET ADDRESS	4670 OREN BROWN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, JUDITH A	2.2 NAME	
STREET ADDRESS	4670 OREN BROWN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nelson Kennedy, Nelson Kennedy 1-25-95 407-396-6505
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0047870 CP