

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90102 033 ***150.00

DOCUMENT # P94000068522

1. Corporation Name

HORSESHOE ACRES, INC.

Principal Place of Business

P O BOX 291298
PORT ORANGE FL 32129
US

Mailing Address

P O BOX 291298
PORT ORANGE FL 32129
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1994

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

WRIGHT, E M
5901 BOGGSFORD
PORT ORANGE FL 32129

10. Name and Address of New Registered Agent

81 Name

E. M. WRIGHT

82 Street Address (P.O. Box Number is Not Acceptable)

330 Country Circle Dr.

83

84

Daytona Bch.

FL

85 Zip Code

32124

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

E. M. Wright
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

4/20/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WRIGHT, E M
STREET ADDRESS 5901 BOGGSFORD
CITY-ST-ZIP PORT ORANGE FL

TITLE ~~VPD~~ ☒ DELETE

NAME ~~WRIGHT, M.V.~~
STREET ADDRESS ~~5901 BOGGSFORD~~
CITY-ST-ZIP ~~PORT ORANGE FL~~

TITLE ~~VPD~~ ☒ DELETE

NAME ~~WRIGHT, P.D.~~
STREET ADDRESS ~~5901 BOGGSFORD~~
CITY-ST-ZIP ~~PORT ORANGE FL~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.S.D. ☒ Change ☐ Addition

1.2 NAME E. M. WRIGHT
1.3 STREET ADDRESS 330 Country Circle Dr
1.4 CITY-ST-ZIP Daytona Beach, FLA. 32124

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E. M. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99

386-9557

CR2E034 (11/98)