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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400080060 1. Corporation Name

WESTERN WORLD TACK SHOP, INC.

Principal Place	of Business	Mai	ling Address							
2166 NW 10TH	ST		NW 10TH ST.							
OCALA FL 34475		OCALA FL 34475					DO NOT WRITE IN THIS SPACE			
US .							3. Date incorporated or Qualifed			•
							10/28/1994			
2 Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For
2. Fillioparri	ace of Basinoss	26	J				59-3274099		· No	t Applicable
Suite, Apt. #	#. etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22	.,	27					5. Certificate of Status Desired		Fee Re	equired
City & State	9		City & State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation owes the curre			·
24	25	29		30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curr	rent Regist	ered Agent		041		10. Name and Address of New R	egistered A	lgent .	
	AND CARLES O	47 7 30			81	Name				
	VIN, CARMEN G				82	Street Addr	ress (P.O. Box Number is Not Accepta	ible)		
	NW 10TH ST.						Free Albert 198 (44) 4 15 2 15 2 15 2 15 2 15 2 15 2 15 2 15	ar yar kala s		2 8 - 15 - 12 1 1 4 1 4
OCA	LA FL 34475				83					4 2 1 1 2 1 2 2
					84	City			85 Zip	Code
							poration submits this statement for the	<u> FL</u>	لــــ	
office or re agent. I ar	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida ligations of,	a. Such change was Section 607.0505, F	lorida Stat	utes.	ie corporati	on's board of directors. I hereby accep			
SIGNATURE	Signature, typed or printed name of registered	agent and title if	applicable. (NO	TE: Registered	l Agent s	signature require	ed when reinstating) 11 21 1 25	DATE		
12.	OFFICERS.					· · · · · ·	ADDITIONS/CHANGES TO OF	CICERS AN	D DIRECTO	ORSIN 12
	OFTICENS	AND DIRE	CTORS	13.			ADDITIONO/OFFICE TO GE	FICEIO AIT		
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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 or an attention with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90037 035 ***150.00