

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
J. Mark B. Thompson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 PM 1:59

DOCUMENT # P94000089935 (8)

1. Corporation Name

EQUINE TECHNOLOGY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office in Florida

Mailing Address

P.O. BOX 770811
OCALA FL 34477

P.O. BOX 770811
OCALA FL 34477

DO NOT WRITE IN THIS SPACE

2. Principal Office in Florida

2b. Mailing Address

21

26

Suite, Apt. # etc.

Suite, Apt. # etc.

22

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City & State

City & State

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3. Date Incorporated or Qualified

3a. Date of Last Report

12/13/1994

4. FET Number

59-3281336

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 delinquent tax under s. 190.012,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, MARGARET A
204 N RANGER BLVD
WINTER PARK FL 32792

81 Name

YOUNG, MARGARET A

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

10570 N.W. 15th STREET

83

84 City

OCALA

FL

85 Zip Code

34482

11. Pursuant to the provisions of Sections 190.012 and 190.013, Florida Statutes, this document is submitted 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 filing a copy of this report with the Department of State as required by Section 190.012, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D YOUNG, MARGARET A	1. NAME	D & P YOUNG, MARGARET A
2. STREET ADDRESS	204 N RANGER BLVD	2. STREET ADDRESS	10570 N.W. 15th STREET
3. CITY, ST. ZIP	WINTER PARK FL 32792	3. CITY, ST. ZIP	OCALA, FL 34482
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST. ZIP		6. CITY, ST. ZIP	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST. ZIP		9. CITY, ST. ZIP	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST. ZIP		12. CITY, ST. ZIP	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST. ZIP		15. CITY, ST. ZIP	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, ST. ZIP		18. CITY, ST. ZIP	
19. NAME		19. NAME	
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY, ST. ZIP		21. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.012(3)(b), Florida Statutes. I further certify that the information supplied 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 appointed for the corporation and that my signature is required by Chapter 1607, Florida Statutes, and that my name appears on the back of this report or is attached to this report as required by Chapter 1607, Florida Statutes, and that my name appears on the back of this report or is attached to this report as required by Chapter 1607, Florida Statutes.

SIGNATURE: Margaret A. Young - MARGARET A. YOUNG

(Signature and Typed or Printed Name of Registered Officer or Director)

(904) 873-4340