

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000033264 (9)

1. Corporation Name

HORSESHOEING AROUND INC.



Principal Place of Business

Mailing Address

1043 CHATHAM PINES CIR
APT 109
WINTER SPRINGS FL 32708

1043 CHATHAM PINES CIR
APT 109
WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 181 RIVERWOODS DR.
Suite, Apt. #, etc.

26 181 RIVERWOODS DR.
Suite, Apt. #, etc.

22 City & State
Chuluota, FL

27 City & State
Chuluota, FL

23 Zip
32766

28 Zip
32766

24 Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/24/1995

4. FEI Number

23-2730871

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

SEIBEL, ALLANN R
1043 CHATHAM PINES CIR
APT 109
WINTER SPRINGS FL 32708

81 Name

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

181 RIVERWOODS DR

83

84 City

FL

85 Zip Code

32766

11. Pursuant to the provisions of Sections 607.02 and 607.08, 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  ALLANN R Seibel President 4-29-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SIEBEL, ALLANN R
STREET ADDRESS 1043 CHATHAM PINES CIR APT 109
CITY-ST-ZIP WINTER SPRINGS FL 32708

11 TITLE
12 NAME
13 STREET ADDRESS 181 RIVERWOODS DR.
14 CITY-ST-ZIP Chuluota, FL 32766

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 supplementary 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 by an attachment with an address.

SIGNATURE  ALLANN R Seibel 4-29-98 407-877-0584

CR2E034 (10/97)