

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

011138

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P95000090602 (0)**  
1. Corporation Name

**SUNDOWNERS RIDING STABLES INC.**

Principal Place of Business  
**3301 GENE FLEMING ROAD  
MILTON FL 32570**

Mailing Address  
**3301 GENE FLEMING ROAD  
MILTON FL 32570**

**FILED**

**98 OCT -9 AM 6:02**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/27/1995**

4. FEI Number

**59-3349093**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**JOHNSON, CECIL ROBERT  
3301 GENE FLEMING ROAD  
MILTON FL 32570**

10. Name and Address of New Registered Agent

81 Name **James, Gloria M.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3301 Gene Fleming Rd.**  
83  
84 City **Milton** FL 85 Zip Code **32570**

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 **Gloria M. James**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-25-98**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	JOHNSON, CECIL ROBERT	3301 GENE FLEMING ROAD	MILTON FL 32570	<input checked="" type="checkbox"/>
ST	JAMES, GLORIA M	3301 GENE FLEMING ROAD	MILTON FL 32570	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: **Gloria M. James**

**9-25-98**

**805-957-4047**

CR2E034 (5/98)

3:34 PM 9/25/98

TO WHOM IT MAY CONCERN:

2

MY FATHER, CECIL R. JOHNSON, DIED LEAVING ME, HIS DAUGHTER, HIS ESTATE. THE ESTATE, WHICH CONSISTED OF MUNSON COUNTRY CORNERS, INC.; SOUNDOWNERS RIDING STABLES, INC.; A FARM; RENTALS; AND ALL THESE ENTAIL IS STILL IN PROBATE. I WAS PREVIOUSLY A CLERK IN HIS STORE. HE WAS A CPA. HIS DEATH WAS SUDDEN, AND THEREFORE HE TAUGHT ME NOTHING ABOUT THE BUSINESSES. I DISCOVERED, DUE TO HIS ILLNESS, HE WAS FOUR MONTHS BEHIND IN FEDERAL AND STATE FILINGS, AS WELL AS PAYING BILLS. BEFORE I COULD UNDERSTAND HOW TO DO ALL THIS PAPERWORK, THE STORE WAS ROBBED OF MONEY AND MERCHANDISE TWICE IN ONE WEEK. I THEN DISCOVERED WE HAD NO INSURANCE AGAINST THEFT. BEFORE THE INSURANCE WENT INTO EFFECT, I WAS ROBBED PERSONALLY, LEAVING THE STORE. I HAD A WHOLE WEEKS WORTH OF RECEIPTS AND MANY PERSONAL PAPERS THE LAWYERS NEEDED ON ME. I HAVE NOT RECOVERED FROM THIS LOSS YET. HOWEVER, I KNOW I DO NOT UNDERSTAND EVERYTHING I NEED TO FILE. I AM SORRY THIS WAS NOT PAID ON TIME. I AM TRYING TO CATCH EVERYTHING UP, AND WILL BE SURE THIS IS PAID ON TIME NEXT YEAR.

YOURS,

*Gloria M. James*

GLORIA M. JAMES