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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023960

AVALON RIDING ACADEMY INC

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90049 034 ***150.00

| AVALOR | THOMA ADADEMI INC. | | | | | | | | |
|--|--|---|--|--|---|---|------------------------------------|---|---------------------|
| | | | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | · | | | |
| 5051 VAN DYKE LUTZ FL 33549 | | 5051 van dyke RD Lutz FL 33549 | | | | DO NOT WOITE IN T | UC 0D40E | | |
| | | | | | | DO NOT WRITE IN TH | IIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed 03/18/1996 | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4, FEI Number | Ar | plied For | |
| 21 | | 26 | _ | | | NOT APPLICABLE | No | t Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 / Fee Re | Additional equired | |
| City & State | е | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | Add to the second | 28 | | | | Trust Fund Contribution | Added | • | |
| Zip | Country | Zip | Co | untry | | 8. This corporation owes the current year | Intangible | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | Yes | □No | |
| | 9. Name and Address of Curren | nt Registered Agent | | 1 | | 10. Name and Address of New Register | ed Agent | | |
| | , | | | 81 | Name | | | | |
| | e, Pam ela | | | 82 | Stroot Addr | ess (P.O. Box Number is Not Acceptable) | | | |
| | I VAN DYKE RD | | | 02 | Sileer Addre | BSS (F.O. BOX Nulliber is Not Acceptable) | | 1 | |
| LUTZ | Z FL 33549 | | | 83 | | | | | |
| l | | | | | | | laal s e. | | |
| } | | | | 84 | City | F | 85 Zip | Code | |
| | | | | | | | | | |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Stat | utes, the | above- | -named corpo | oration submits this statement for the purpose | of changing its | registered | |
| office or re | egistered agent, or both, in the State | of Florida. Such change was | authorize | ed by th | named corpo he corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing its pointment as re | gistered | |
| office or re agent, I a | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was | authorize | ed by th | -named corpo he corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing its pointment as re | gistered | |
| office or re | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was ations of, Section 607.0505, F | authorize Iorida Sta | ed by th itutes. | he corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing its pointment as re | registered gistered | í |
| office or re agent, I a | egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or primed name of registered age | of Florida. Such change was ations of, Section 607.0505, F | authorize Iorida Sta | ed by the strategy of the stra | he corporatio | on's board of directors. I hereby accept the ap | pointment as re | gistered | 9 |
| office or reagent. I at | egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or primed name of registered age | of Florida. Such change was ations of, Section 607.0505, F | authorize lorida Sta TE: Registere | ed by the strategy of the stra | he corporatio | on's board of directors. I hereby accept the ap | pointment as re | gistered | (00,77) |
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| office or reagent. I all SIGNATURE 12. | egistered agent, or both, in the State m familiar with, and accept the obligation of | of Florida. Such change was ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS | authorize lorida Sta TE: Registere 13 1.11 | ed by the stutes. Agent of Ag | he corporatio | on's board of directors. I hereby accept the ap | AND DIRECTO | DRS IN 12 | 1007 |
| office or nagent, I all SIGNATURE 12. TITLE NAME STREET ADDRESS | egistered agent, or both, in the State m familiar with, and accept the obligated Signature, typed or primed name of registered age OFFICERS AT P FYKE, PAMELA | of Florida. Such change was ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS | TE: Registere 13 | ed by the stutes. Agent of Ag | signature required | on's board of directors. I hereby accept the ap | AND DIRECTO | DRS IN 12 | |
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| office or magent, I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State m familiar with, and accept the obligation of | of Florida. Such change was ations of, Section 607.0505, Fent and title if applicable. (NO ND DIRECTORS | 133 1.40 2.1 | ed by the studes. Ed Agent of the student of the s | signature required | on's board of directors. I hereby accept the ap | AND DIRECTO | PRS IN 12 | |
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| office or ragent, I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | egistered agent, or both, in the State m familiar with, and accept the obligation of primed name of registered age OFFICERS AND PRIMED OFFICERS AN | of Florida. Such change was ations of, Section 607.0505, Fent and title if applicable. (NO ND DIRECTORS | authorize Florida Sta TE: Register 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 | ad Agent and Agent a | signature required ADDRESS ADDRESS | on's board of directors. I hereby accept the ap | AND DIRECTO | PRS IN 12 | (00,000,000,000) |
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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: X SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone