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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000036133 (2)

HORSE U PIT, INC.

Principal Place of Business Mailing Address 1330-49TH STREET SOUTH 1330-49TH STREET SOUTH ST. PETERSBURG FL 33707-3637 ST. PETERSBURG FL 33707 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1996 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 Sulte, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROIDA & MCKINNEY, P.A. 605 - 75TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETE BEACH FL 33706 83 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 Signature, typed or printed name of registered agent and like it applicable (NO\*E: Registered Agent signature required when relistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. 12. OFFICERS AND DIRECTORS DELETE Change TITLE 1.1 TITLE Cotter, John 4520 5th Ave. N. PAULSON, RALPH NAME 1.2 NAME 7974 SAILBOAT KEY BOULEVARD, #205 1.3 STREET ADDRESS STREET ADDRESS St. Petersburg, FL 33713 SOUTH PASADENA FL 33707 1.4 CHY-ST-7IP CITY-ST-ZIP DELCTÉ Change Addition 2.1 TITLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - S1 - ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELFTE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST- ZIP CITY - ST - ZIP DELETE ☐ Change ☐ Addition 6111118 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - S1 - ZIP 14. To 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 eath; 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 glianged, or on an attachment with an address.

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Taba & Cathon

4/28/07

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**FILED** 

May 14 1997 8:00am

Secretary of State