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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000045432 (7)

1. Corporation Name
GIDDY UP, INC.

Principal Place of Business

1718 W UNIVERSITY AVE
GAINESVILLE FL 32603

Mailing Address

1718 W UNIVERSITY AVE
GAINESVILLE FL 32603-1839

3. Date Incorporated or Qualified

05/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 P.O. BOX 13344

27 City & State

28 Gainesville, FL

29 Zip Country

30 Alachua

4. FEI Number

59-3379913

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 intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ZELLER, ROBERT T
1718 W UNIVERSITY AVE
GAINESVILLE FL 32603

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME ☐ Change ☒ Addition

1.2 NAME Robert Thomas Zeller

1.3 STREET ADDRESS 2518 S.W. 2nd Ave

1.4 CITY-ST-ZIP Gainesville, FL 32608

2.1 TITLE NAME ☐ Change ☒ Addition

2.2 NAME John Patrick Naughton

2.3 STREET ADDRESS 2518 S.W. 2nd Ave

2.4 CITY-ST-ZIP Gainesville, FL 32608

3.1 TITLE NAME ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE NAME ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE NAME ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE NAME ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Robert Thomas Zeller

3/25/97

352-378-7033

CR2E034 (9/96)