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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000045432 (7)

GIDDY UP, INC.

CITY-ST-ZIP

FILED
May 27 1998 8:00am
Secretary of State

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|                                |  |                             |                 |                      |  | .   <b>                                    </b> |                   |
|--------------------------------|--|-----------------------------|-----------------|----------------------|--|---|-------------------|
| Principal Place                | e of Business  | Mailing Address             |                 |                      | t sabeidet ern inces ürtig ünlit metil der   | . 14 99111 91891 91811 91899 1                  | HI                |
| 1718 W UNIV                    |  | P.O. BOX 13344              |                 |                      |  |   |                   |
| GAINESVILLE FL 82603           |  | GAINESVILLE FL 32604<br>US  |                 |                      | DO NOT WRITE IN THIS SPACE   |   |                   |
|                                |  | •                           |                 |                      | 3. Date Incorporated or Qualified  |   |                   |
|                                |  |                             |                 |                      | 05/29/1996   |   |                   |
| 2. Principal Place of Business |  | 2a. Mailing Address         |                 |                      | 4. FEI Number  | A   | pplied For        |
| 21                             |  | 26                          |                 |                      | 59-3379913   |   | ot Applicable     |
| Suite, Apt #, etc.             |  | Suite, Apt. #, etc.         |                 |                      | 5. Certificate of Status Desired   |   | Additional        |
| City & State                   |  | City & State                |                 |                      |  |   | equired           |
| 23                             |  | <del>}</del> 1              |                 |                      | 6. Election Campaign Financing   |   | May Be            |
| Zip                            | Country  | 28                          | Cou             | ntrv                 | Trust Fund Contribution  |   | to Fees           |
| 24                             | 25   | 29                          | 30              | ,                    | <ol> <li>This corporation owes or has pail<br/>Personal Property Tax due June</li> </ol> | p+, ' p-  | langible<br>☑ No  |
| =-1                            | 9, Name and Address of Current                                       |                             | 1001            |                      | 10. Name and Address of New Reg  |   |                   |
| ZEI                            | LLER, ROBERT T   |                             |                 | 81 Name              |  |   |                   |
|                                | 18 W UNIVERSITY AVE  |                             |                 | 82 Street Add        | ress (P.O. Box Number is Not Acceptable  | Io)   |                   |
| GAINESVILLE FL 32603           |  |                             |                 | or Sireet Add        | ress (i .o. box Humber is 140t Acceptable  | .6)   |                   |
|                                |  |                             |                 | 83                   |  |   |                   |
|                                |  |                             |                 | 84 City              |  | - 85 Zip  | Code              |
|                                |  |                             |                 | '                    |  | FL   `  |                   |
| 11. Pursuant t                 | to the provisions of Sections 607.0502                               | and 607,1508, Florida State | utes, the al    | ove-named cor        | poration submits this statement for the pr   | urpose of changing i                            | ts registered     |
| agent. Fai                     | m familiar with, and accept the obligat                              | ons of, Section 607.0505, F | lorida Stat     | ites.                | tion's board of directors. I hereby accep  | t trie appointment as                           | regisiereu        |
| SIGNATURE                      |  |                             |                 |                      |  |   |                   |
|                                | Signature, typed or portion name of registered agent<br>OLEICERS AND |                             |                 | Agent signature requ |  | DATE.   | 2011140           |
| 12.                            | DIFICERS AND   | DELETE                      | 13.<br>1.1 10   | 15                   | ADDITIONS/CHANGES TO OFFIC   | Change  | Addition          |
| NAME                           | ZELLER, ROBERT THOMAS  | L.J octobe                  | 1.2 NA          |                      |  | □ onange  |                   |
| STREET ADDRESS                 | 2518 SW 2ND AVE  |                             |                 | REE1 ADDRESS         |  |   |                   |
| CITY-ST-ZIP                    | GAINESVILLE FL 32608   |                             |                 | Y-ST-ZIP             |  |   |                   |
| TITLE                          | VPS  | DELETE                      | 2.1 TIT         |                      |  | ☐ Change  | ☐ Addition        |
| NAME                           | NAUGHTON, JOHN PATRICK   |                             | 2.2 NA          | ME.                  |  |   |                   |
| STREET ADDRESS                 | 2518 SW 2ND AVE  |                             | 2.3 ST          | REET ADDRESS         |  |   |                   |
| CITY-ST-ZIP                    | GAINESVILLE FL 32608   |                             | 2.4 CI          | TY-ST-ZIP            |  |   |                   |
| TITLE                          |  | DELETE                      | 3.1 111         |                      |  | ☐ Change  | Addition          |
| NAME                           |  |                             | 3.2 NA          | ME                   |  |   |                   |
| STREET ADDRESS                 |  |                             | 3.3 ST          | REF1 ADDRESS         |  |   |                   |
| CITY-ST-ZIP                    |  |                             | 3.4 CI          | TY+ST+ZIP            |  |   |                   |
| TITLE                          |  | ☐ DELETE                    | 4.1 TI3         | LE                   |  | Change  | Addition          |
| NAME                           |  |                             | 4. 2 N          | ME                   |  |   |                   |
| STREET ADDRESS                 |  |                             | 4,3 ST          | REFT ADDRESS         |  | ,   | ,                 |
| CiTY-ST-ZIP                    |  |                             |                 | Y-ST-ZIP             |  | A   | 1 1 1 1 1 1 1 1 1 |
| TITLE                          |  | DELETE                      | 5.1 TIT         |                      |  | A Change  | Addition          |
| NAME                           |  |                             | 5.2 NA          |                      |  |   | ムノイ               |
| STREET ADDRESS                 |  |                             |                 | REET ADDRESS         |  | ノノブ   | <b>〜</b> 、 ( )    |
| CITY-ST-ZIP<br>TITLE           |  | DELETE                      |                 | Y-ST-7IP             |  | Change  | ☐ Addition        |
| NAME                           |  | FT petert                   | 61 TIT<br>62 NA |                      |  |   | AUGIIIOII         |
| NAME                           |  |                             | 0 2 NA          | MIT TODOLOG          | 70000253   |   |                   |

14. I hereby certify that the information supplied with this filing does not qualify befile exemption stated in Section (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 turster employed to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or our an attachment with an address.