## 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 # P96000088782 (3)

FILED

97 SEP 24 M1 9: 02

SECHEWER OF STATE TALLAHASSEE, PLORIDA

ROCKING HORSE RANCH STABLE, INC.						
Principal Place of Business Mailing Address  855 WEST MANN ROAD  BABSON PARK FL 33827 BABSON PARK FL 33827-9635						
					3. Date Incorporated or Qualified 3a. 10/25/1996	Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address			4 EELNumber	Applied For
		26			59-3408345	Not Applicable
Suite, Apt. #, etc.		<u>├</u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Count	Irv	8. This corporation has liability for intang	
24	25	29	30	.,		No No
	9. Name and Address of Curre		100)		10. Name and Address of New Register	
KRO	HN, JOHN W		8	1 Name		
855 WEST MANN ROAD				2 Street Add	dress (P.O. Box N. D. J. N. A. organis	37752
BABSON PARK FL 33827				- CHOOTTIO	dross (P.O. Box to b) 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-01104022
			8	3	****165.0	
			ē	4 City		85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.09 registered agent, or both, in the Sta	502 and 607.1508, Fforida Statul te of Fforida. Such change was	os, the abc authorized	ove-named cor by the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, FI	orida Statut	es.	,	
SIGNATURE	Signature, typnid or printed name of registered a	7.5	v saterija i		uired when reinstating) DAT	
12.		ND DIRECTORS	13.	sgent aignature requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 1/1/1			Change Acidition
NAME	KROHN, JOHN W		1.2 NAM	E		2
STREET ADDRESS	855 WEST MANN ROAD		1.3 STRE	ET ADDRESS		្រុំ
City-St-ZiP	BABSON PARK FL 33827		1.4 C(1)	- ST- ZIP		
TITLE	☐ DELETE		2.1 TITLE			Change Addition
*NAME			2.2 NAM	F		
Street Address			2.3 STRE	E1 ADDRESS		
CITY - ST - ZIP		T brueze	_	/-ST-ZIP		
TITLE		DELETE	3.1 TITLE			L Change L Addition
NAME			3.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 GITY 4.1 TITLE	'-\$1-ZIP		Change Addition
NAME			4, 2 NAM	1		
STREET ADDRESS				IT ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE		·· <del>···································</del>	Change Ad tilion
NAME			5.2 NAM	£		
STREET ADDRESS			3	E1 ADDRESS		
CITY-ST-ZIP			5.4 C(1)	- \$1- ZIP		
TITLE	,	DELETE	6.1 TITLE			Change Addition
NAME			62 NAMI	г		1)
STREET ADDRESS			63 STRE	ET ADDRESS		9-25-97
CITY+ST-ZIP			6.4 DITY	-ST-ZIP		7-6071

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 rights under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this lepon 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.