

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

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Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90012 027 ***155.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000088782			
1. Corporation Name ROCKING HORSE RANCH STABLE, INC.			
Principal Place of Business 855 WEST MANN ROAD BABSON PARK FL 33827		Mailing Address 855 WEST MANN ROAD BABSON PARK FL 33827	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent KROHN, JOHN W 855 WEST MANN ROAD BABSON PARK FL 33827		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 reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROHN, JOHN W 855 WEST MANN ROAD BABSON PARK FL 33827 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0435156

NOTION KNOWN 855 WES OMAN RD. 1243512 PK
REG. ROCKING HORSE PANCH ^{STABLE} CORP. 33826

FLA. DEPT OF STATE REP. 601-754-90012-27
P96000088782

PLEASE ACCEPT THIS FEE FOR THIS YEARS COMP. DUES.
- IF YOU WISH - I CAN SEND IN DRS. REPORT & INS. ^{CAR} TOTALS.
ON APRIL 20 MY WIFE AND I HAD A BAD AUTO
ACCIDENT, BETWEEN THE HOSPITAL - DOCTORS - PAIN
MEDICATION & TRACIA - THE 1ST NOTICE GOT LOST
IN THE MAIL WE COULD NOT TEND TO - DID NOT
REMEMBER FILING FEE TILL 2ND NOTICE & FOUND 1ST,

I DO NOT WANT TO PUCH THE CAR, BECAUSE I HAVE
NEED OF IT. I AM SORRY & PROMISE TO BE
ON TIME LATER YEARS -

THANK YOU Sincerely
Johnny [Signature]