

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Aug 27 1998 8:00am  
Secretary of State

DOCUMENT # P97000004723 (7)

1. Corporation Name

HORSE WORLD RIDING STABLES, INC.



Principal Place of Business

3705 SOUTH POINCIANA BLVD.  
KISSIMMEE FL 34758

Mailing Address

3705 SOUTH POINCIANA BLVD.  
KISSIMMEE FL 34758

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1997

4. FEI Number

59-3419669

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

6. Election Campaign Financing



\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

WHEELER, LOOMES JR.  
3705 SOUTH POINCIANA BLVD.  
KISSIMMEE FL 34758

10. Name and Address of New Registered Agent

81 Name

Loomes Wheeler Jr

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

3705 South Poinciana Blvd.

83

84 City

Kissimmee

FL

85 Zip Code

34758

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 *Loomes Wheeler Jr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*June 30/98*

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Loomes Wheeler Jr  
STREET ADDRESS 3705 S. Poinciana Blvd  
CITY-ST-ZIP Kissimmee FL 34758

TITLE ☐ DELETE

NAME Lee Wheeler  
STREET ADDRESS 3705 S. Poinciana Blvd  
CITY-ST-ZIP Kissimmee FL 34758

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME President  
1.3 STREET ADDRESS Loomes Wheeler Jr  
3705 S. Poinciana Blvd.  
1.4 CITY-ST-ZIP Kissimmee FL 34758

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Vice President  
2.3 STREET ADDRESS Lee Wheeler  
3705 S. Poinciana Blvd  
2.4 CITY-ST-ZIP Kissimmee FL 34758

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 *Loomes Wheeler Jr*

*June 30/98*

CR2E034 (5/98)