

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90054 041 \*\*\*150.00

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1. Corporation Name  
S & S HORSESHOEING, INC.

Principal Place of Business  
1124 NE 8TH ST  
OCALA FL 34470

Mailing Address  
1124 NE 8TH ST  
OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/10/1997

4. FEI Number  
59-3424620

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 5245 NE 136th Place  
Suite, Apt. #, etc.

2a. Mailing Address  
26 5245 NE 136th Place  
Suite, Apt. #, etc.

22 City & State  
23 Anthony, FL

27 City & State  
28 Anthony, FL

24 Zip 32617 25 Country USA

29 Zip 32617 30 Country usa

9. Name and Address of Current Registered Agent

FITZGERALD, BEN  
240-B SW 8TH ST  
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name Douglas E. Howard  
82 Street Address (P.O. Box Number is Not Acceptable)  
5245 NE 136th Place  
83  
84 City Anthony FL 85 Zip Code 32617

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 Douglas E. Howard 1-30-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME HOWARD, DOUGLAS E  
STREET ADDRESS 1124 NE 8TH STREET  
CITY-ST-ZIP Ocala FL 34470

TITLE VP ☐ DELETE  
NAME RANEY, JAMES R  
STREET ADDRESS 2075 NW 35TH STREET  
CITY-ST-ZIP Ocala FL 34475

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  
1.3 STREET ADDRESS 5245 NE 136th Place  
1.4 CITY-ST-ZIP Anthony, FL 32617

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Douglas E. Howard, president 1-30-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0485467