

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

DOCUMENT # **P97000024461 (0)**
1. Corporation Name

CHEVAL EQUESTRIAN CENTER, INC.

Principal Place of Business

**4410 LUTZ LAKE FERN DRIVE
LUTZ FL 33549**

Mailing Address

**4410 LUTZ LAKE FERN DRIVE
LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1997

2. Principal Place of Business

21 4740 Lutz Lake Fern Road

Suite, Apt. #, etc.

2a. Mailing Address

26 4740 Lutz Lake Fern Rd

Suite, Apt. #, etc.

4. FEI Number

59 3439891

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

City & State

23 Lutz Florida

Zip

24 33549

Country

25 USA

City & State

28 Lutz Florida

Zip

29 33549

Country

30 USA

9. Name and Address of Current Registered Agent

**BUGLIOLI, LOUIS P
18611 AVENUE MONACO
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name

Louis P. Buglioli

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

18611 Avenue Monaco

83

84 City

Lutz

FL

85 Zip Code
33549

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

TITLE **P** ☐ DELETE

NAME **BUGLIOLI, GLENDA S**
STREET ADDRESS **18611 AVE MONACO**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **V** ☐ DELETE

NAME **BUGLIOLI, LOUIS P**
STREET ADDRESS **18611 AVE MONACO**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

70000259863
-07/27/98--01002--012
*****150.00**

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

SIGNATURE OF OFFICER

7-15-98 813-548-4008

CR2E034 (5/98)

FILED
Jul 23 1998 8:00am
Secretary of State



pg 2

July 17, 1998

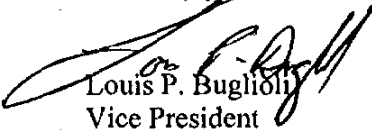
Division of Corporations
Annual Report Filings
PO Box 6327
Tallahassee Florida 32314

To Whom It May Concern:

I called your offices today (850-488-9000) and talked to Grace, an employee who answered the telephone. I informed her that we were a new corporation, as of September 1997, and this was our first Annual Report filing. I, also, informed her that we did not receive an initial filing notice (our address on the report was incorrect, which may have caused the problem) and she instructed me to write this letter to you and inform you as such. We have no such records of ever receiving an initial 1998 Profit Corporation Annual Report. She also said to pay only \$150.00 instead of the late fee, which I have done.

Thank you for your understanding and consideration of this matter. In the future, we will most certainly file on time.

Sincerely your,


Louis P. Buglioli
Vice President