

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90085 012 ***150.00

DOCUMENT # P98000068968

1. Corporation Name

HARPER'S EQUESTRIAN APPAREL & TACK, INC.



Principal Place of Business

2190 MAIN STREET
SARASOTA FL 34237

3120. 53RD AVE E
BRADENTON FL. 34203

Mailing Address

2190 MAIN STREET
SARASOTA FL 34237

3120. 53RD AVE E
BRADENTON FL. 34203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1998

4. FEI Number

65-0856182

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 3120. 53RD AVE E
Suite, Apt. #, etc.

22 BRADENTON FL
City & State

23 34203 USA
Zip Country

24

2a. Mailing Address

26 3120. 53RD AVE E
Suite, Apt. #, etc.

27 BRADENTON FL
City & State

28 34203 USA
Zip Country

29 30

9. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER-
2190 MAIN STREET
SARASOTA FL 34237

no longer Reg. Agent

10. Name and Address of New Registered Agent

81 Name

HOLLY ANNE HARPER

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

12625 COUNTY ROAD 675

83

84 City

PARRISH

FL

85 Zip Code

34219

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

HOLLY A HARPER

PRESIDENT

May 12/99

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 D
NAME HARPER, HOLLY
STREET ADDRESS 2446 BRITANIA ROAD
CITY-ST-ZIP SARASOTA FL 34231

TITLE D
NAME HARPER, ALEC
STREET ADDRESS 2446 BRITANIA ROAD
CITY-ST-ZIP SARASOTA FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 12/99 941.739.6760
Date Daytime Phone #

CR2E034 (11/98)

0475544