

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

DOCUMENT # **P98000096383**

1. Corporation Name

**DON DORAN'S EQUINE SPORTS MASSAGE PROGRAM, INC.**

Principal Place of Business

**9791 N.W. 160TH STREET  
REDDICK FL 32686**

Mailing Address

**9791 N.W. 160TH STREET  
REDDICK FL 32686**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**SIEFERT, MICHAEL A  
806 S.E. THIRD AVENUE  
OCALA FL 34471**

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

TITLE **PST** ☐ DELETE

NAME **DORAN, DON STEPHEN**  
STREET ADDRESS **14735 S.W. 71ST AVENUE ROAD**  
CITY-ST-ZIP **OCALA FL 34473**

TITLE **VP** ☐ DELETE

NAME **STAHL, LESIA**  
STREET ADDRESS **9791 N.W. 160TH STREET**  
CITY-ST-ZIP **REDDICK FL 32686**

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.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**800002967668--3**

**-08/24/99--01010--018**

**\*\*\*\*150.00 \*\*\*\*150.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Lesia Stahl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-2394**

**8.52  
591 3165**

Date Deadline Phone #

FILED  
20 AUG 12 AM 11:00

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/12/1998**

4. FEI Number

**59-3547966**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

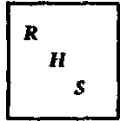
6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

CR2E034 (11/98)



**Robert H. Schoepf, P.A.**  
*Certified Public Accountant*

**2677 N. W. 10<sup>th</sup> Street, Suite 1A  
Ocala, Florida 34475**

August 3, 1999

Florida Department of State  
Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: Don Doran's Equine Sports Massage Program, Inc.  
P98000096383**

Dear Katherine Harris,

Please find enclosed the 1999 Annual Report for the above referenced company along with a check for the amount of \$150.00.

This company incorporated in 1998 and was unaware of the requirement to file an annual report since they had not done this in their first year of incorporation. In addition to being unaware of this requirement, the form addressed to their business address was mis-filed by an inexperienced office worker and only discovered by error while researching some other documentation.

As you can see from the enclosed annual report, we have changed the mailing address to this C.P.A. office, so that when we receive this report in future years, the taxpayer will be notified immediately.

We ask that you waive the current penalty due to reasonable cause - the fact that this was an initial filing, a staff error, and the change of address will preclude this reoccurrence.

With respect we appreciate your consideration.

Sincerely,

Robert H. Schoepf

RHS/ce