

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -3 PM 5:22

DOCUMENT # **S59243** (3)  
1. Corporation Name  
**BRANFORD RIDING ACADEMY, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 475 P.O. BOX 475  
BRANFORD FL 32008 BRANFORD FL 32008

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/12/1991	04/19/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		NOT APPLICABLE	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
SCOTT, JOHN L. SUWANNEE AVE 10 BRANFORD FL 32008				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FRIERSON, WILMON D., SR.	1.2 NAME	Moses, Odessa S.
STREET ADDRESS	RT 1 BOX 1200	1.3 STREET ADDRESS	Rt. 1, Box 25
CITY- ST- ZIP	O'BRIEN FL	1.4 CITY- ST- ZIP	Branford Fl. 32008
TITLE	VD	2.1 TITLE	VP
NAME	MOSES, ODESSA S.	2.2 NAME	Severance, James
STREET ADDRESS	RT 1 BOX 25	2.3 STREET ADDRESS	P.O. Box 236
CITY- ST- ZIP	BRANFORD FL	2.4 CITY- ST- ZIP	Branford, Fl. 32008
TITLE	STD	3.1 TITLE	Std
NAME	SEVERANCE, JAMES	3.2 NAME	Frieron, Sally D.
STREET ADDRESS	BOX 236 N/A	3.3 STREET ADDRESS	Rt.1, Box 1200
CITY- ST- ZIP	BRANFORD FL	3.4 CITY- ST- ZIP	O'Brien, Fl. 32071
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Odessa S. Moses* 3-17-95 904-935-1150  
(Signature) (Date) (Telephone Number)