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FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V17301

(5)

1. Corporation Name

THE INDIAN HORSE COMPANY, INC.

Principal Place of Business

Mailing Address

RT 2, BOX 199B  
HIGHWAY 137  
WELLBORN FL 32094  
US

P.O. BOX U  
WHITE SPRINGS FL 32096-0448  
US



2. Principal Place of Business

2a. Mailing Address

21 8838 CR 137

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 WELLBORN FL

28 City & State

24 Zip 32094 Country US

29 Zip Country

3. Date Incorporated or Qualified

02/26/1992

3a. Date of Last Report

04/29/1996

4. FEI Number

59-3173678

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KOBERLEIN, FREDERICK L.  
201 NORTH MARION STREET  
SUITE 301  
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

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 of registered agent (and officer if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME  
GORE, RONALD G.  
STREET ADDRESS  
RT 2 BOX 199B HWY 137  
CITY-STATE-ZIP  
WELLBORN FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ☐ DELETE

NAME  
GORE, SUE D.  
STREET ADDRESS  
RT 2 BOX 199B HWY 137  
CITY-STATE-ZIP  
WELLBORN FL

1.2 NAME ☒ Change ☐ Addition

1.3 STREET ADDRESS ☐ DELETE

NAME  
GORE, SUE D.  
STREET ADDRESS  
RT 2 BOX 199B HWY 137  
CITY-STATE-ZIP  
WELLBORN FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-STATE-ZIP ☐ DELETE

NAME  
GORE, SUE D.  
STREET ADDRESS  
RT 2 BOX 199B HWY 137  
CITY-STATE-ZIP  
WELLBORN FL

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

1.5 CITY-STATE-ZIP ☐ DELETE

NAME  
GORE, SUE D.  
STREET ADDRESS  
RT 2 BOX 199B HWY 137  
CITY-STATE-ZIP  
WELLBORN FL

1.5 CITY-STATE-ZIP ☐ Change ☐ Addition

1.6 CITY-STATE-ZIP ☐ DELETE

NAME  
GORE, SUE D.  
STREET ADDRESS  
RT 2 BOX 199B HWY 137  
CITY-STATE-ZIP  
WELLBORN FL

1.6 CITY-STATE-ZIP ☐ Change ☐ Addition

1.7 CITY-STATE-ZIP ☐ DELETE

NAME  
GORE, SUE D.  
STREET ADDRESS  
RT 2 BOX 199B HWY 137  
CITY-STATE-ZIP  
WELLBORN FL

1.7 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE:

S. D. Gore

4-8-97 904-963-5100

Date

Daytime Phone #

CR2E034 (9/96)