

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 15 1998 8:00am  
Secretary of State

DOCUMENT # **V43932**

(5)

1. Corporation Name

FOXWOOD SADDLERY, INC.

Principal Place of Business

9595 66TH ST N  
PINELLAS PARK FL 34666

Mailing Address

9595 66TH ST N  
PINELLAS PARK FL 34666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1992

4. FEI Number

59-3130246

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

33782

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

33782

Country

29

Zip

33782

Country

30

9. Name and Address of Current Registered Agent

PERKINS, SUSAN  
12509 SUNSHINE LANE  
TREASURE ISLAND FL 33706

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
PERKINS, SUSAN  
12509 SUNSHINE LANE  
TREASURE ISLAND FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD  
POWERS, GEORGANN  
9595 66TH ST N  
PINELLAS PARK FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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:

*Susan Perkins* SUSAN PERKINS 1/5/98 (813) 546-8479

CR2E034 (10/97)