

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED

95 JAN 26 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **791071** (4)  
1. Corporation Name  
**OCALA BREEDERS SALES COMPANY, INC.**

Principal Place of Business Mailing Address  
1701 SW 60TH AVE P.O. BOX 99  
OCALA FL 34474 Ocala FL 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/02/1977</b>	3a. Date of Last Report <b>02/25/1994</b>
4. FEI Number <b>59-1566113</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2b. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**CASSE, NORMAN E.  
1701 SW 60TH AVENUE  
% Ocala Breeders Sales Co., Inc.  
OCALA FL 34474**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD	O'FARRELL, MICHAEL J., JR 9500 NW 95TH ST OCALA FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	BURKE, WALTER 4661 NW 133RD PLACE REDDICK FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD MANGURIAN, HARRY T., JR. 5850 SW ST RD 200 OCALA, FL 34474
TITLE CD	CASSE, NORMAN E 14303 N MAGNOLIA AVE. CITRA FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this report 70 percent 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas A. Chiota THOMAS A. CHIOTA 1/17/95 (904)237-2154  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Name #)