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**FILED**  
**Feb 17, 1999 8:00am**  
**Secretary of State**

02-17-1999 90108 016 \*\*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 791071**

1. Corporation Name

**OCALA BREEDERS SALES COMPANY, INC.**

Principal Place of Business

1701 SW 60TH AVE  
 Ocala FL 34474

Mailing Address

P.O. BOX 99  
 Ocala FL 34478



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

09/02/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1566113

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIOTA, THOMAS  
 1701 SW 60TH AVENUE  
 Ocala FL 34474

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 617.0502 and 617.1508, 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 617.0503, 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  DELETE

NAME CHIOTA, THOMAS A.  
 STREET ADDRESS 820 NE 120TH PLACE  
 CITY-ST-ZIP Ocala, FL 00000

1.1 TITLE  Change  Addition

TITLE STD  DELETE

NAME O'FARRELL, MICHAEL J., JR  
 STREET ADDRESS 9500 NW 95TH ST  
 CITY-ST-ZIP Ocala FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

TITLE VD  DELETE

NAME MANGURIAN, HARRY T. J  
 STREET ADDRESS 5850 SW ST RD 200  
 CITY-ST-ZIP Ocala FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

TITLE CD  DELETE

NAME CASSE, NORMAN E  
 STREET ADDRESS 14303 N MAGNOLIA AVE.  
 CITY-ST-ZIP CITRA FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  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 617, 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

**2/17/99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 352 237-7154  
 Date Daytime Phone #

CR2E037 (11/98)