

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
1000 BANKERS BUILDING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 17 PM 3:23

DOCUMENT # **845572** (7)

1. Corporation Name

**BUD BOSCHERT'S STABLES, INC.**

Principal Place of Business

**NO 1 HUNTINGTON FOREST  
ST CHARLES MO 63301**

Mailing Address

**NO 1 HUNTINGTON FOREST  
ST CHARLES MO 63301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/27/1980</b>	3a. Date of Last Report <b>02/25/1994</b>
4. FEI Number <b>43-0948906</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ROSS, MICHAEL W.  
5607 26TH ST. W.  
BRADENTON FL 34207**

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 607.1506, Florida Statutes, the above-named corporation submits the 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCHERT, LEO E.	1.2 NAME	
STREET ADDRESS	NO 1 HUNTINGTON FOREST	1.3 STREET ADDRESS	
CITY, ST, ZIP	ST. CHARLES MO	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCHERT, VIRGINIA	2.2 NAME	
STREET ADDRESS	NO 1 HUNTINGTON FOREST	2.3 STREET ADDRESS	
CITY, ST, ZIP	ST. CHARLES MO	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTENDORF, JUDITH	3.2 NAME	
STREET ADDRESS	NO 1 HUNTINGTON FOREST	3.3 STREET ADDRESS	
CITY, ST, ZIP	ST. CHARLES MO	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in Section 199.032, Florida Statutes. I further certify that the information included 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 file this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: *Leo E. Boschert* Feb 14-1995 (314) 724-7391  
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDS OFFICER ON OUR FORM