

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

ck # 7294

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F08478** (2)

1. Corporation Name

THE FLORIDA HORSE, INC.



Principal Place of Business

Mailing Address

5100 W. SILVER SPRINGS BLVD
SUITE 100
OCALA FL 34482-8517
US

P.O. BOX 2106
P.O. BOX 2106
OCALA FL 34478
US

3. Date Incorporated or Qualified
12/10/1980

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **851 NW 24 Ct.**

26 **P.O. Box 2106**

4. FEI Number
59-2105541

Applied For
Not Applicable

22 Suite, Apt. #, etc.
SUITE # 102

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
OCALA, FL

28 City & State
OCALA, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip
34475

25 Country
MARION

29 Zip
34478

30 Country
MARION

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUDETTE, DANIELLE M
5100 W. SILVER SPRINGS BLVD, SUITE 100
OCALA FL 34482

81 Name
AUDETTE, DANIELLE M.

82 Street Address (P.O. Box Number is Not Acceptable)
851 N.W. 24 CT. # 102

83

84 City
OCALA

FL

85 Zip Code
34475

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Danielle M. Audette* *Danielle M. Audette*

4/15/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AUDETTE, FERNAND J.	
STREET ADDRESS	6 CHALLEDON CLOSE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AUDETTE, JOAN I.	
STREET ADDRESS	6 CHALLEDON CLOSE	
CITY-ST-ZIP	OCALA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	APPLETON, MARTHA	
STREET ADDRESS	8318 N.W. 90TH TERR.	
CITY-ST-ZIP	OCALA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	APPLETON, ARTHUR I	
STREET ADDRESS	8318 NW 90TH TERR	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: *F.J. AUDETTE* 4/15/96 (352) 732-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)