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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F08478
 1. Corporation Name
THE FLORIDA HORSE, INC.

Principal Place of Business: **851 NW 24 COURT SUITE 102 OCALA FL 34475 US**
 Mailing Address: **P.O. BOX 2106 OCALA FL 34478 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **12/10/1980**
 4. FEI Number: **59-2105541**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
HANCOCK, RICHARD E
4727 NW 80TH AVE.
OCALA FL 34482

DATE REC _____
 ACCT # _____
 PROCESSED BY _____

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 **FL** _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CROMARTIE, ROBERT	
STREET ADDRESS	SILVERLEAF FARMS, P.O. BOX 890	
CITY-ST-ZIP	SUMMERFIELD FL 34492	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	O'FARRELL, J. MICHAEL JR.	
STREET ADDRESS	OCALA STUD FARM, P.P. BOX 818	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SILVER, STEVEN A	
STREET ADDRESS	1516 SE 23RD AVE.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, LEVERETT S	
STREET ADDRESS	T SQUARE STUD, P.O. BOX 900	
CITY-ST-ZIP	FAIRFIELD FL 32634	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOWLETT, BRYAN	
STREET ADDRESS	4285 SW 65TH ST.	
CITY-ST-ZIP	OCALA FL 34476	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SEC/TREA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALTER J. BURKE	
1.3 STREET ADDRESS	PO BOX 460	
1.4 CITY-ST-ZIP	REDDICK, FL 32686	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARRY T. MANGURIAN, JR.	
2.3 STREET ADDRESS	5850 SW STATE RD 200	
2.4 CITY-ST-ZIP	OCALA, FL 34474	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STANLEY M. ERSOFF	
3.3 STREET ADDRESS	1439 WEST FLAGLER	
3.4 CITY-ST-ZIP	MIAMI, FL 33135	
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 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, with all other like empowered.

SIGNATURE: *Burke E Harris* **2/24/99** **352-629-2160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)