

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003978 (2)

1. Corporation Name

NATIONAL HORSEMEN'S ADMINISTRATION CORPORATION



Principal Place of Business

Mailing Address

20801 BISCAYNE BLVD #426
AVENTURA FL 33180

20801 BISCAYNE BLVD #426
AVENTURA FL 33180

3. Date Incorporated or Qualified

08/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 20801 Biscayne Blvd #426

26 20801 Biscayne Blvd #426

4. FEI Number

72-1152182

Applied For

Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

SAVIN, SCOTT
3757 NE 208 TERRACE
AVENTURA FL 33180

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

Signature, typewritten or printed name of registered agent and the change of name

(If the Registered Agent's signature is required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME HAGAN, ED
STREET ADDRESS 20133 NE BROADWAY CT
CITY-ST-ZIP TROUTDALE OR 97060 ☐ DELETE

TITLE D
NAME STIRLING, KENT
STREET ADDRESS 8301 NW 19TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ DELETE

TITLE D
NAME HILES, RICK
STREET ADDRESS 4211 SOUTHERN PKWY
CITY-ST-ZIP LOUISVILLE KY 40214 ☐ DELETE

TITLE P
NAME BOWMAN, MELVYN
STREET ADDRESS 95 W PINE ST
CITY-ST-ZIP PALMYRA PA 17078 ☒ DELETE

TITLE ST
NAME SAVIN, SCOTT
STREET ADDRESS 3757 NE 208 TERRACE
CITY-ST-ZIP AVENTURA FL 33180 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☒ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

President
Bill Walmsley
398 Barnett Drive
Batesville, AK 72501

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96

(205) 935-4700

CR2E034 (3/96)