

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J51462 (6)

1. Corporation Name

YORK BLOODSTOCK CORPORATION



Principal Place of Business

800 SW 85TH AVE
OCALA FL 34481
US

Mailing Address

P.O. BOX 1800
COTUIT MA 02635
US

2. Principal Place of Business

2a. Mailing Address

21	Subs. Apt. #, etc.	26	Subs. Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	City
25	Country	30	Country

3. Date Incorporated or Qualified
12/31/1986

3a. Date of Last Report
04/05/1995

4. FEI Number

59-2755939

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LONG, BARRY J
800 SW 85TH AVE
OCALA FL 34481

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 607.1503, 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 of Registered Agent or Change of Registered Agent

Signature of New Agent or Change of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	ROSBECK, KAREN	
STREET ADDRESS	7 WHITE PINE RD	
CITY-STATE-ZIP	NEWTON MA	
TITLE	PT	☐ DELETE
NAME	KEIM, ROBERT L.	
STREET ADDRESS	190 CLAMSHELL LOVE RD	
CITY-STATE-ZIP	COTUIT MA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	TREASURER
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☒ Addition
10. NAME	P
11. STREET ADDRESS	PETER V. ROSBECK
12. CITY-STATE-ZIP	7 WHITE PINE RD.
13. TITLE	
14. NAME	NEWTON MA 02464
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	☐ Change ☐ Addition
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-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 registered 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 designated on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Keim

3/14/96 (508) 420-2300

CR2E034 (12/95)