FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079679 (2)

FLORIDA EQUINE PUBLICATIONS, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 851 N.W. 24TH COURT P.O. BOX 2106 SUITE 102 OCALA FL 34478 DO NOT WRITE IN THIS SPACE OCALA FL 34475 3. Date Incorporated or Qualified 09/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 26 59-3406060 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HANCOCK, RICHARD E 4727 NW 80TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34482** 83 84 City 85 Zio 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE CROMARTIE. ROBERT NAME 1.2 NAME SILVER LEAF FARMS P.O. BOX 890 STREET ADDRESS 1.3 STREET ADDRESS **SUMMERFIELD FL 34492** CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE Addition TITLE Change 2.1 THLE O'FARRELL, J. MICHAEL JR. NAME 2.2 NAME OCALA STUD FARM P.O. BOX 818 STREET ADDRESS 2.3 STREET ADDRESS **OCALA FL 34478** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE NAME SILVER, STEVEN A 3.2 NAME 1516 S.E. 23RD AVE. STREET ADDRESS 3.3 STREET ADDRESS **OCALA FL 34471** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME MILLER, LEVERETT S 4.2 NAME T SQUARE STUD P.O. BOX 900 **STREET ADDRESS** 4.3 STREET ADDRESS **FAIRFIELD FL 32634** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME HOWLETT, BRYAN 5.2 NAME STREET ADDRESS 4285 S.W. 65TH STREET 5.3 STREET ADDRESS **OCALA FL 34476** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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 armual report of supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the to-civer or fursities and that my name appears in Block 12 or Block 13 if charge 7. The theorem with an address.

SIGNATURE

CITY-ST-ZIP

420198

257-247-4407