FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S16825** **(9)**

1. Corporation Name
TOMPKINS QUARTER HORSES, INC.

Principal Place of Business	Mailing Address
1731 BOGGY CREEK ROAD KISSIMMEE FL 34744	1731 BOGGY CREEK ROAD KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/03/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: **65-0239311** ☐ 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. The corporation has/will apply for interstate tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TOMPKINS, MARCIA K.
1731 BOGGY CREEK ROAD
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	V/D	☒ Change ☐ Addition
NAME	TOMPKINS, THOMAS N	12 NAME	Tompkins, Thomas N.	
STREET ADDRESS	1637 E VINE STREET	13 STREET ADDRESS	1731 Boggy Creek Road	
CITY ST ZIP	KISSIMMEE FL	14 CITY ST ZIP	Kissimmee, FL 34744	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	FAULX, ARTHUR	22 NAME		
STREET ADDRESS	1949 SHADOW OAKS ROAD	23 STREET ADDRESS		
CITY ST ZIP	KISSIMMEE FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE	V/D	☒ Change ☐ Addition
NAME	TOMPKINS, THOMASA R.	32 NAME	Tompkins, Thomasa R.	
STREET ADDRESS	1637 E VINE STREET	33 STREET ADDRESS	1731 Boggy Creek Road	
CITY ST ZIP	KISSIMMEE FL	34 CITY ST ZIP	Kissimmee, FL 34744	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	FAULX, BARBARA	42 NAME		
STREET ADDRESS	1949 SHADOW OAKS ROAD	43 STREET ADDRESS		
CITY ST ZIP	KISSIMMEE FL	44 CITY ST ZIP		
TITLE	ST	51 TITLE	S/T	☒ Change ☐ Addition
NAME	MARGISON, DONNA	52 NAME	Margison, Donna	
STREET ADDRESS	1020 SHAWNDA LANE	53 STREET ADDRESS	3555 Cord Avenue	
CITY ST ZIP	KISSIMMEE FL	54 CITY ST ZIP	St. Cloud, FL 34772	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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.

SIGNATURE: Donna Margison Donna Margison 4-21-95 (407) 891-1705
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0376860 CP