I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TRINA CURTIN

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: TOM CURTIN QUALITY HORSEMANSHIP, INC.

1341 NW CR 150 MADISON, FL 32340

Current Mailing Address:

DOCUMENT# P02000043034

1341 NW CR 150 MADISON, FL 32340

FEI Number: 04-3644678

Name and Address of Current Registered Agent:

CURTIN, THOMAS C 1341 NW CR 150 MADISON, FL 32340 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	D	Title	D
Name	CURTIN, THOMAS C	Name	CURTIN, TRINA A
Address	1341 NW CR 150	Address	1341 NW CR 150
City-State-Zip:	MADISON FL 32340	City-State-Zip:	MADISON FL 32340

02/04/2016 SECRETARY /

TREASURER

FILED Feb 04, 2016 Secretary of State CC4853651573

Certificate of Status Desired: No

Date

Date