

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 538553

(9)

1. Corporation Name

WOOD BRIDGE HORSE FARMS, INC.

Principal Place of Business

7211 MUSHINSKI ROAD  
TAMPA FL 33625

Mailing Address

7211 MUSHINSKI ROAD  
TAMPA FL 33625-3945



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

25

Country

29

Country

30

3. Date Incorporated or Qualified

07/05/1977

3a. Date of Last Report

04/23/1996

4. FEI Number

59-1754315

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

THOMAS, GAIL A.  
WOOD BRIDGE HORSE FARM, INC.  
7211 MUSHINSKI RD.  
TAMPA FL 33625

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1.1 TITLE	
STREET ADDRESS	1.2 NAME	
CITY-ST-ZIP	1.3 STREET ADDRESS	
	1.4 CITY-ST-ZIP	
TITLE	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.1 TITLE	
STREET ADDRESS	2.2 NAME	
CITY-ST-ZIP	2.3 STREET ADDRESS	
	2.4 CITY-ST-ZIP	
TITLE	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.1 TITLE	
STREET ADDRESS	3.2 NAME	
CITY-ST-ZIP	3.3 STREET ADDRESS	
	3.4 CITY-ST-ZIP	
TITLE	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.1 TITLE	
STREET ADDRESS	4.2 NAME	
CITY-ST-ZIP	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	
TITLE	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.1 TITLE	
STREET ADDRESS	5.2 NAME	
CITY-ST-ZIP	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	
TITLE	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.1 TITLE	
STREET ADDRESS	6.2 NAME	
CITY-ST-ZIP	6.3 STREET ADDRESS	
	6.4 CITY-ST-ZIP	

14. I do hereby 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 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:

Sandra B. Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D

4-21-97

813-961-3362

Daytime Phone #

CR2E034 (9/96)