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 28 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **593404** **(7)**

1. Corporation Name
OCALA ARABIAN BREEDERS SOCIETY, INC.

Principal Place of Business	Mailing Address
15151 NW 162 TERR WILLISTON FL 32696	15151 NW 162 TERR WILLISTON FL 32696

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/15/1978**
3a. Date of Last Report: **03/03/1994**

2. Principal Place of Business
21 1601 SW 60 Ave
Suite, Apt. #, etc. 22
City & State 23 OCALA FL
Zip 24 34471 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **59-1866070** ☐ 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

9. Name and Address of Current Registered Agent

VAN HOOSE, ROBERT W.
7901 N.W. 136TH CT.
OCALA FL 32675

10. Name and Address of New Registered Agent

81 Name: PATSCHEIDER BARBARA
82 Street Address (P.O. Box Number is Not Acceptable): 15151 NW 162 TER
83
84 City: WILLISTON FL 85 Zip Code: 32696

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: BARBARA PATSCHEIDER TREAS — Barbara Patscheider — 4/24/95
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	D	1.1 TITLE	VPRES D	☐ Change ☒ Addition
NAME	MARTIN, E. SNOW	1.2 NAME	PATSCHEIDER, DONALD	
STREET ADDRESS	77 WOODSIDE DR.	1.3 STREET ADDRESS	15151 NW 162 CI	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	VPD	2.1 TITLE	PRES D	☒ Change ☐ Addition
NAME	WHITE, STANLEY	2.2 NAME	WHITE, STANLEY	
STREET ADDRESS	RTE 1 BOX 372A	2.3 STREET ADDRESS	1001 W HIGHWAY 316	
CITY-ST-ZIP	REDDICK, FL 00000	2.4 CITY-ST-ZIP	CITRA FL 32113	
TITLE	PD	3.1 TITLE	SECD	☐ Change ☒ Addition
NAME	VAN HOOSE, ROBERT	3.2 NAME	O'NEAL, LINDA	
STREET ADDRESS	7901 N.W. 136TH CT.	3.3 STREET ADDRESS	PO Box 305 NA	
CITY-ST-ZIP	OCALA, FL 00000	3.4 CITY-ST-ZIP	REDDICK FL 32686	
TITLE	D	4.1 TITLE	D POTAPOW, MICHAEL	☐ Change ☒ Addition
NAME	COURTELIS, ALEX	4.2 NAME		
STREET ADDRESS	RTE U BOX 624	4.3 STREET ADDRESS	5500 SE 17 ST	
CITY-ST-ZIP	MICANOPY, FL 00000	4.4 CITY-ST-ZIP	OCALA FL 34471	
TITLE	TR TREAS	5.1 TITLE	D	☐ Change ☒ Addition
NAME	PATSCHEIDER, BARBARA	5.2 NAME	SIMON DINGFELDER	
STREET ADDRESS	162ND TERRACE	5.3 STREET ADDRESS	PO BOX 2277 NA	
CITY-ST-ZIP	WILLISTON FL	5.4 CITY-ST-ZIP	DADE CITY FL 33526	
TITLE	D	6.1 TITLE	D CLARK, JANICE	☐ Change ☒ Addition
NAME	STREETER, JACK	6.2 NAME		
STREET ADDRESS	9509 NW 60 Ave	6.3 STREET ADDRESS	1091 SE 59 ST	
CITY-ST-ZIP	OCALA FL 34482	6.4 CITY-ST-ZIP	OCALA FL 34480	

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: Barbara Patscheider — 4/24/95 — 904 528 2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038502 CP