

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 MAR 22 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 658833 (9)

1. Corporation Name

THOROUGHbred SYNDICATES, INC.

Principal Place of Business

10000 N.W. 80TH COURT
#2360
HIALEAH GARDENS FL 33016
US

Mailing Address

509 KIRBY ST
P.O. BOX 238
PILOT POINT TX 76258-0238
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/12/1980

3a. Date of Last Report

04/20/1994

4. FEI Number

86-6079116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SEGUI, JESUS
10000 NW 80 COURT
#2360
HIALEAH GARDENS FL 33016

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SIO
WORSMAN, ROBERT
509 KIRBY ST
PILOT PT TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WORSMAN, ROBERT
509 KIRBY ST
PILOT PT TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
WORSMAN, INEZ
509 KIRBY ST
PILOT PT TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PD
MELOW EDWARD SEYMOUR
HWY377 SOUTH UNIT B
AUBREY, TX 76227

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VPSO
ANDERSON ELAINE BURNS
1205 STRATFORD ST
DENTON, TX 76201

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D ROBERT WORSMAN
509 KIRBY ST
PILOT POINT, TX 76258-0238

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
D WORSMAN, INEZ
509 KIRBY ST.
PILOT POINT, TX 76258-0238

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(k), 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:

ROBERT WORSMAN

3/16/95 8:17-686-2861