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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 695998 1. Corporation Name

TOM SCOTT QUARTER HORSES, INC.

Maining Address   Maining Ad								
MIDWOOD FL 34785 US	Principal Place of Business Mailing Address							
3. Date Incorporated or Counted of Counted STZ4/1981  2. Principal Place of Business  2. Principal Place of Business  2. Principal Place of Business  2. Subs. Apt. #, etc.  2. City & State  2. City & State  3. Certificate of Status Deared   \$8.75 Additional Free Required   \$9.75 Additional Free Required   \$9.75 Additional Free Required   \$9.75 Additional Free Required   \$9.75 Additional Fre	WILDWOOD FL		WILDWOOD FL 34785	WILDWOOD FL 34785		DO NOT WRITE IN	I THIS SPACE	
2. Principal Place of Business 2. 2a. Mailing Address 2. 50 - 1854862  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  2. City & State  City							<del></del> -	
Surie, Apt. #, etc.  Surie, Ap	2 Principal Place of Business 2a Mailing Address			~		The state of the s		
Sulfe, Apt. #, etc.    201	<del>1</del>	igos of Eddinoso	<del></del>	Maining / Maioss		59-1854962	<u> </u>	
City & State  Ci		#. etc.					\$8.75	Additional
City & State  City & State  28  City & State  29  Country  20  20  30  30  8. Election Campaign Financing  55,00 May Be Added to Rees  712  712  713  714  715  715  715  716  716  717  717  717		.,,		<b>,</b> - <b>,</b> ,		5. Certificate of Status DesiredFee Required		
25     26     27     28     29   29   20     29   20     29   20     29   20     29   20     29   20     29   20   20     20		ie -						
Zip   Country   Zip   Country   S. This corporation over the current year Intangible   Personal Property Tax   Ves   Ziv   Z	23		28	28				
9. Name and Address of Current Registered Agent  SCOTT, TOM R. 10424 N C-475 WILDWOOD FL 34785  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered degent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered or egistered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the statement of registered agent, and an applications of Section 607 d.505, Florida Statement of City and Statement of Registered Agents (P.O. Box Number statement of the		Country	Zip	Zip Country				
SCOTT, TOM R. 10424 N C-475 WILDWOOD FL 34785  ### City FL   85   Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids 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 Florids. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered orgent, and milliar with, and accept the obligations of, Section 607.0509, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered orgent, and milliar with, and accept the obligations of, Section 607.0509, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered orgent, and milliar with, and accept the obligations of, Section 607.0509, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered orgent and the support of the purpose of change in the support interest of the purpose of changing its registered orgent and the support of the purpose of changing its registered orgent and the support of the purpose of changing its registered orgent and the support of the purpose of changing its registered orgent and the support of the purpose of changing its registered orgent and the support of the purpose of changing its registered orgent and the support of the purpose of changing its registered orgent and the support of the purpose of changing its registered orgent and the support of the purpose of changing its registered orgent and the support of the purpose of changing its registered orgent and the support of the purpose of changing its registered orgent and the support of the purpose of changing its registered orgent and the support of the purpose of changing its registered orgent and the support of the purpose of chan	24	25	29 3	29 30		1075		L₄No
SCOTT, TOM R 10424 N C-475 WILDWOOD FL 34785  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 City FL 86 Zip Code  87 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 agent. or hoth, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent are finalize with, nod accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 13. TITLE SCOTT, TOM R. 13. TITLE 1.1 TITLE SCOTT, TOM R. 13. STREET ADDRESS MILDWOOD FL 34785  14. CITY-ST-ZP  15. TITLE 1.1 TITLE 1.2 Change Addition 14. CITY-ST-ZP 15. TITLE 1.2 Change Addition 15. STREET ADDRESS 15. STREET ADDRE		9. Name and Address of Cur	rrent Registered Agent		41 41	10. Name and Address of New Regis	tered Agent	
10424 N C-475 WILDWOOD FL 34785  82   Street Address (P-D. Box Number is Not Acceptable)  83   84   City	000	TT TOM D		8	1 Name			
### 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 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, to an familiar with, and accept the obligations of Sections 607.0505 Priorida Statutes.  SIGNATURE   Signature, typed or protest name of registered agent and title if applicable.   POTE Registered Agent signature required when receitating)   DATE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.    TITLE   DV		•		8	2 Street A	Address (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 and their depictors of the corporation's board of directors. I hereby accept the appointment as registered agent and their depictors of the corporation's board of directors. I hereby accept the appointment as registered agent and their depictors of the corporation's board of directors. I hereby accept the appointment as registered agent and their depictors of the corporation's board of directors. I hereby accept the appointment as registered agent and their depictors.  12.				_				
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12	office or r	egistered agent, or both, in the St	ate of Florida. Such change was auti	horized D	y the corpo	ration's board of directors. I hereby accept the	appointment as re	gistered
12.	SIGNATURE		areat and this if applicable (NOTE: P.	legistered Ar	nent sinnature re	outred when reinstating) D	ĀŤĒ	<del></del> [
TITLE	12.		_ <del></del>		Jan alginatare re-			ORS IN 12
NAME SCOTT, TOM R. 12 NAME STREET ADDRESS 10424 NORTH C-475 WILDWOOD FL 34785    DELETE   21 TITLE     Change   Addition				1.1 TITLE	:		☐ Change	☐ Addition
13 STREET ADDRESS   10424 NORTH C-475	NAME	1		12 NAMI	<b>.</b>			
A CITY-ST-ZIP   WILDWOOD FL 34785	STREET ADDRESS			1.3 STRE	ET ADDRESS			1
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14. I 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 artischment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

352-7<u>48-14</u>4

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90006 003 \*\*\*150.00