

TOM SCOTT QUARTER HORSES, INC.

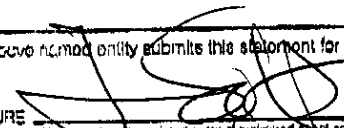
695998

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90019 019 ***150.00

1. Principal Place of Business 10424 NORTH C-475 WILDWOOD FL 34785 US		Mailing Address 10424 NORTH C-475 WILDWOOD FL 34785 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2912 N. FLORIDA AVE Suite, Apt. #, etc.	
City & State HERNANDO, FL		4. FEI Number 59-1854962	
Zip 34442		Country CITRUS	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCOTT, TOM R. 10424 N C-475 WILDWOOD FL 34785		7. Name and Address of New Registered Agent Name THOMAS R. SCOTT Street Address (P.O. Box Number is Not Acceptable) 2912 N. FLORIDA AVE City HERNANDO FL Zip Code 34442	
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8. 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

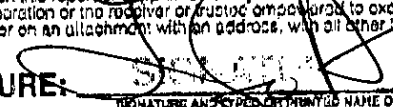
SIGNATURE  DATE 5/1/00

Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when withdrawing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDV SCOTT, TOM R. 10424 NORTH C-475 WILDWOOD FL 34785 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2912 N. FLORIDA AVE. HERNANDO, FL 34442 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 5/1/00 352-637-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR