FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 791071 1. Corporation Name

SIGNATURE(

OCALA BREEDERS SALES COMPANY, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90108 016 ****61.25

						ĺ			
Principal Place	of Business	Mailing Address							
1701 SW 60TH	AVE	P.O. BOX 99							
OCALA FL 344	74	OCALA FL 34478							
						 	u f u (u)		
2. Principal Pl	ace of Business	2a. Mailing Address	*		3.	Date Incorporated or Qualifed			
21		26				09/02/1977			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4.	FEI Number			olied For
22	<u></u>	27				59-1566113			Applicable -
City & State		City & State			5.	Certifcate of Status Desired		\$8.75 A	
23		28				<u> </u>			-
Zip	Country	Zip	Cou	intry	6.	! Election Campaign Financing [Trust Fund Contribution		\$5.00 Added to	•
24	25	29	30	Τ	10	! Name and Address of New Reg	istered A		71 663
	9. Name and Address of Current	t Registered Agent		81 Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CHIOTA, T				82 Street Add	iress (f	P.O. Box Number is Not Acceptable	e)		
	60TH AVENUE			83		<u>!</u>			
OCALA FL	. 34474					<u> </u>			
				84 City			FL	85 Zip C	ode
				1 1		n cubmits this statement for the nu	mose of o	changing its	registered
44 Discourant	to the requisions of Spatiana 617 050	2 and 617 1508 Florida St	atutes the a	hove-named cor	norano				istered
office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State	of Florida, Such change wa	as aumonzeo	a ov me comorai	poratio ion's b	oard of directors. I hereby accept t	he appoin	ILLINOITE GO TO	
office or re	to the provisions of Sections 617.050; egistered agent, or both, in the State or familiar with, and accept the obligat	of Florida, Such change wa	as aumonzeo	a ov me comorai	poratio ion's b	oard of directors. I hereby accept t	he appoin	ILLINOITE GO TO	W. 5
office or re agent. I as	egistered agent, or both, in the State on the mailiar with, and accept the obligation.	of Florida. Such change wa tions of, Section 617.0503,	s authonzet Florida Stati	utes.	1011 8 0	data of directors. Thereby accept to	he appoin	ILLINOITE GO TO	. W. D.
office or re agent. I ar SIGNATURE	agistered agent, or both, in the State or familiar with, and accept the obligate Signature, typed or printed name of registered agen	of Florida. Such change wattions of, Section 617.0503,	s authonzet Florida Stati	a ov me comorai	red when	data of directors. Thereby accept to	DATE		
office or reagent. I as SIGNATURE	agistered agent, or both, in the State or familiar with, and accept the obligating signature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change wa tions of, Section 617.0503,	Florida Stati	Dy the corporation of the corpor	red when	reinstating)	DATE		
office or reagent. I at SIGNATURE	agistered agent, or both, in the State of mamiliar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD	of Florida. Such change wattions of, Section 617.0503, Int and title if applicable. (N	Florida Stati	Agent signature requir	red when	reinstating)	DATE	D DIRECTO	RS IN 12
office or reagent. I at SIGNATURE 12. TITLE NAME	agistered agent, or both, in the State of mamiliar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A.	of Florida. Such change wattions of, Section 617.0503, Int and title if applicable. (N	Florida Stati OTE: Registered 13. 1.1 TI	Agent signature requir	red when	reinstating)	DATE	D DIRECTO	RS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS	agistered agent, or both, in the State of mamiliar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE	of Florida. Such change wattions of, Section 617.0503, Int and title if applicable. (N	Florida Stati IOTE: Registered 13. 1.1 TI 1.2 N/ 1.3 SI	a by the corporation the corporation of the corpora	red when	reinstating)	DATE	D DIRECTO	RS IN 12
office or reagent. I at SIGNATURE 12. TITLE NAME	agistered agent, or both, in the State of marmiliar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000	of Florida. Such change wattions of, Section 617.0503, Int and title if applicable. (N	IS authorized Florida Stati IOTE: Registered 13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI	I ay the corporative signature requirements TLE AME TREET ADDRESS TTY-ST-ZIP	red when	reinstating)	DATE	D DIRECTO	RS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	agistered agent, or both, in the State of marmiliar with, and accept the obligated agent of printed name of registered agent of PTICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 000000 STD	of Florida. Such change we tions of, Section 617.0503, at and title if applicable. (N	IS authorized Florida Stati IOTE: Registered 13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI	I Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE	red when	reinstating)	DATE	D DIRECTO	RS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	agistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR	of Fiorda. Such change we tions of, Section 617.0503, at and title if applicable. (N	13. 1.1 T/ 1.2 N/ 1.3 S/ 1.4 C/ 2.1 T/ 2.2 N/ 2.2	I Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE	red when	reinstating)	DATE	D DIRECTO	RS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pgistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST	of Fiorda. Such change we tions of, Section 617.0503, at and title if applicable. (N	13. 1.1 TI	TLE AME TTREET ADDRESS TTY-ST-ZIP TLE AME	red when	reinstating)	DATE	D DIRECTO	RS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pgistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL	of Fiorda. Such change we tions of, Section 617.0503, at and title if applicable. (N	### ACC Florida State ### ACC ### ACC Florida State ### ACC ### ACC Florida State ### ACC Florida State ### ACC Florida State ### ACC Florida State ### ACC Florida State	TLE AME TTY-ST-ZIP TLE AME TTY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TREET ADDRESS	red when	reinstating)	DATE	D DIRECTO	RS IN 12
office or reagent. I an agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pgistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD	of Fiorda. Such change we tions of, Section 617.0503, at and title if applicable. (N	### ACC Florida State ### ACC ### ACC Florida State ### ACC ### ACC Florida State ### ACC Florida State ### ACC Florida State ### ACC Florida State ### ACC Florida State	I Agent signature requir TLE AME ITREET ADDRESS ITY- ST-ZIP TLE AME ITREET ADDRESS STY- ST-ZIP TILE	red when	reinstating)	DATE	D DIRECTO Change	RS IN 12 Addition
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	pgistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD MANGURIAN, HARRY T. J	of Fiorda. Such change we tions of, Section 617.0503, at and title if applicable. (N	### In the control of	I Agent signature requir TLE AME ITREET ADDRESS ITY- ST-ZIP TLE AME ITREET ADDRESS STY- ST-ZIP TILE	red when	reinstating)	DATE	D DIRECTO Change	RS IN 12 Addition
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	pgistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD MANGURIAN, HARRY T. J 5850 SW ST RD 200	of Fiorda. Such change we tions of, Section 617.0503, at and title if applicable. (N	### REPRESENTATION AND PROPERTY OF THE PROPERT	I Agent signature requir TLE AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS ZITY-ST-ZIP TILE AME AME AME AME AME AME AME A	red when	reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	pgistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD MANGURIAN, HARRY T. J	of Fiorda. Such change we tions of, Section 617.0503, at and title if applicable. (N	### Interest	I Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP	red when	reinstating)	DATE	D DIRECTO Change	RS IN 12 Addition
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	pgistered agent, or both, in the State of m familiar with, and accept the obligated signature, typed or printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD MANGURIAN, HARRY T. J 5850 SW ST RD 200 OCALA FL CD	of Florida. Such change we tions of, Section 617.0503, at and title if applicable. (N	IOTE: Registered 13. 1.1 TI 12 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 CI 3.3 SI 3.4 CI 4.1 TI 4.1 TI 4.2 NV 4.1 TI 4.2 NV 4.1 TI 4.3 SI 4.1 TI 4.4 CI 4.1 TI 4.4 CI 4.1 TI 4.4 CI 4.1 TI 4.4 TI	I Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP	red when	reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS	pgistered agent, or both, in the State of m familiar with, and accept the obligated agent of the policy of the pol	of Florida. Such change we tions of, Section 617.0503, at and title if applicable. (N	Table Tab	I Agent signature requir TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS ITY-ST-ZIP TLE ITREET ADDRESS ITY-ST-ZIP TLE ITREET ADDRESS ITY-ST-ZIP TLE	red when	reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	agistered agent, or both, in the State of marmiliar with, and accept the obligate of printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD MANGURIAN, HARRY T. J 5850 SW ST RD 200 OCALA FL CD CASSE, NORMAN E 14303 N MAGNOLIA AVE.	of Florida. Such change we tions of, Section 617.0503, at and title if applicable. (N	13. 1.1 1.2 1.3 1.4 1.5 1.5 1.4 1.5 1.5 1.4 1.5	Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE AME	red when	reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
office or reagent. I as signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pgistered agent, or both, in the State of m familiar with, and accept the obligated agent of the policy of the pol	of Florida. Such change we tions of, Section 617.0503, at and title if applicable. (N	IOTE: Registered 13. 1.1 TI 12 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 . C 4.1 π 4.2 N/ 4.3 ST 4.4 CI 5.1 TI	I Agent signature requir TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS	red when	reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
office or reagent. I an agent. I an agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	agistered agent, or both, in the State of marmiliar with, and accept the obligate of printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD MANGURIAN, HARRY T. J 5850 SW ST RD 200 OCALA FL CD CASSE, NORMAN E 14303 N MAGNOLIA AVE.	OF Florida. Such change we tions of, Section 617.0503. Internal title if applicable. (N. D. DIRECTORS DELETE DELETE	13. 1.1 1.2 N 1.3 1.4 C 1.5 1.1 1.2 N 1.3 1.4 C 1.5	I Agent signature requir TLE AME TREET ADDRESS TIY-ST-ZIP TLE AME TREET ADDRESS XIY-ST-ZIP TLE AME TREET ADDRESS XIY-ST-ZIP TLE AME TREET ADDRESS XIY-ST-ZIP TLE TREET ADDRESS XIY-ST-ZIP TLE TREET ADDRESS XIY-ST-ZIP TLE AME TREET ADDRESS TIY-ST-ZIP TLE AME TREET ADDRESS TIY-ST-ZIP TLE AME TREET ADDRESS TIY-ST-ZIP TLE AME	red when	reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
office or reagent. I as signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	agistered agent, or both, in the State of marmiliar with, and accept the obligate of printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD MANGURIAN, HARRY T. J 5850 SW ST RD 200 OCALA FL CD CASSE, NORMAN E 14303 N MAGNOLIA AVE.	OF Florida. Such change we tions of, Section 617.0503. Internal title if applicable. (N. D. DIRECTORS DELETE DELETE	13. 1.1 1.2 N 1.3 1.4 C 1.5 1.1 1.2 N 1.3 1.4 C 1.5	I Agent signature requir TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS	red when	reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
office or reagent. I an agent. I an agent. I an agent. I an street address city-st-zip title name	agistered agent, or both, in the State of marmiliar with, and accept the obligate of printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD MANGURIAN, HARRY T. J 5850 SW ST RD 200 OCALA FL CD CASSE, NORMAN E 14303 N MAGNOLIA AVE.	OF Florida. Such change we tions of, Section 617.0503, at and title if applicable. (NOTE TO BELETE	### A C P	I Agent signature requir TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS	red when	reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
office or reagent. I an agent. I an agent. I an agent. I an street address city-st-zip title name street address city-st-zip	agistered agent, or both, in the State of marmiliar with, and accept the obligate of printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD MANGURIAN, HARRY T. J 5850 SW ST RD 200 OCALA FL CD CASSE, NORMAN E 14303 N MAGNOLIA AVE.	OF Florida. Such change we tions of, Section 617.0503. Internal title if applicable. (N. D. DIRECTORS DELETE DELETE	### ACC Figure Fi	I Agent signature requir TLE AME TREET ADDRESS TIY-ST-ZIP TLE AME TREET ADDRESS XIY-ST-ZIP TILE AME TREET ADDRESS TIY-ST-ZIP TILE TREET ADDRESS TIY-ST-ZIP TITLE AME TREET ADDRESS TIY-ST-ZIP TITLE TREET ADDRESS TIY-ST-ZIP TITLE TREET ADDRESS TIY-ST-ZIP TITLE TREET ADDRESS TIY-ST-ZIP TREET ADDRESS TIY-ST-ZIP TREET ADDRESS	red when	reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
office or reagent. I an agent. I an agent. I an agent. I an street address city-st-zip title name street address city-st-zip	agistered agent, or both, in the State of marmiliar with, and accept the obligate of printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD MANGURIAN, HARRY T. J 5850 SW ST RD 200 OCALA FL CD CASSE, NORMAN E 14303 N MAGNOLIA AVE.	OF Florida. Such change we tions of, Section 617.0503, at and title if applicable. (NOTE TO BELETE	### A C P	I Agent signature requir TLE AME TREET ADDRESS TIY-ST-ZIP TLE AME TREET ADDRESS XIY-ST-ZIP TILE AME TREET ADDRESS TIY-ST-ZIP TILE TREET ADDRESS TIY-ST-ZIP TITLE AME TREET ADDRESS TIY-ST-ZIP TITLE TREET ADDRESS TIY-ST-ZIP TITLE TREET ADDRESS TIY-ST-ZIP TITLE TREET ADDRESS TIY-ST-ZIP TREET ADDRESS TIY-ST-ZIP TREET ADDRESS	red when	reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
office or reagent. I an agent. I an agent. I an agent. I an street address city-st-zip title name street address city-st-zip title title title title title name street address city-st-zip title	agistered agent, or both, in the State of marmiliar with, and accept the obligate of printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD MANGURIAN, HARRY T. J 5850 SW ST RD 200 OCALA FL CD CASSE, NORMAN E 14303 N MAGNOLIA AVE.	OF Florida. Such change we tions of, Section 617.0503, at and title if applicable. (NOTE TO BELETE	### A C P	I Agent signature requir TLE AME TREET ADDRESS TIY-ST-ZIP TLE AME TREET ADDRESS XIY-ST-ZIP TILE AME TREET ADDRESS TIY-ST-ZIP TILE TREET ADDRESS TIY-ST-ZIP TITLE AME TREET ADDRESS TIY-ST-ZIP TITLE TREET ADDRESS TIY-ST-ZIP TITLE TREET ADDRESS TIY-ST-ZIP TITLE TREET ADDRESS TIY-ST-ZIP TREET ADDRESS TIY-ST-ZIP TREET ADDRESS	red when	reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
office or reagent. I an agent.	agistered agent, or both, in the State of marmiliar with, and accept the obligate of printed name of registered agen OFFICERS AN PD CHIOTA, THOMAS A. 820 NE 120TH PLACE OCALA, FL 00000 STD O'FARRELL, MICHAEL J.,JR 9500 NW 95TH ST OCALA FL VD MANGURIAN, HARRY T. J 5850 SW ST RD 200 OCALA FL CD CASSE, NORMAN E 14303 N MAGNOLIA AVE.	OF Florida. Such change we tions of, Section 617.0503. Internal title if applicable. (No. 10 DELETE) DELETE DELETE DELETE DELETE	13. 1.1 1.2 N 1.3 1.4 C 1.5	I Agent signature requir TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS	red when	reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS ANI	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition