

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ck # 7294

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F08478 (2)

1. Corporation Name

THE FLORIDA HORSE, INC.



Principal Place of Business

Mailing Address

5100 W. SILVER SPRINGS BLVD  
SUITE 100  
OCALA FL 34482-8517  
US

P.O. BOX 2106  
P.O. BOX 2106  
OCALA FL 34478  
US

3. Date Incorporated or Qualified  
12/10/1980

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 851 NW 24 Ct.

26 P.O. Box 2106

4. FEI Number

59-2105541

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

OCALA, FL

OCALA, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip 34475

Country

MARION

29 Zip 34478

Country

MARION

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUDETE, DANIELLE M  
5100 W. SILVER SPRINGS BLVD, SUITE 100  
OCALA FL 34482

81 Name

AUDETE, DANIELLE M.

82 Street Address (P.O. Box Number is Not Acceptable)

851 N.W. 24 Ct. # 102

83

84 City

OCALA

FL

85 Zip Code

34475

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Danielle M. Audette

Danielle M. Audette

4/15/96

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 PD ☐ DELETE

NAME AUDETTE, FERNAND J.  
STREET ADDRESS 6 CHALLEDON CLOSE  
CITY-ST-ZIP Ocala FL

TITLE VD ☐ DELETE

NAME AUDETTE, JOAN I.  
STREET ADDRESS 6 CHALLEDON CLOSE  
CITY-ST-ZIP Ocala FL

TITLE STD ☐ DELETE

NAME APPLETON, MARTHA  
STREET ADDRESS 8318 N.W. 90TH TERR.  
CITY-ST-ZIP Ocala FL

TITLE CD ☐ DELETE

NAME APPLETON, ARTHUR I  
STREET ADDRESS 8318 NW 90TH TERR  
CITY-ST-ZIP Ocala, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 119.07(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:

F.J. AUDETTE

4/15/96 (352) 732-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)