

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90097 038 \*\*\*150.00

**DOCUMENT # F08478**

1. Corporation Name

**THE FLORIDA HORSE, INC.**

Principal Place of Business

**851 NW 24 COURT  
SUITE 102  
OCALA FL 34475  
US**

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/10/1980**

4. FEI Number

**59-2105541**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

**HANCOCK, RICHARD E  
4727 NW 80TH AVE.  
OCALA FL 34482**

DATE REC

ACC'T #

PROCESSED BY

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **CROMARTIE, ROBERT**  
CITY-ST-ZIP **SILVERLEAF FARMS, P.O. BOX 890  
SUMMERFIELD FL 34492**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **O'FARRELL, J. MICHAEL JR.**  
CITY-ST-ZIP **OCALA STUD FARM, P.P. BOX 818  
OCALA FL 34478**

TITLE ☒ DELETE  
NAME **STD**  
STREET ADDRESS **SILVER, STEVEN A**  
CITY-ST-ZIP **1516 SE 23RD AVE.  
OCALA FL 34471**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **MILLER, LEVERETT S**  
CITY-ST-ZIP **T SQUARE STUD, P.O. BOX 900  
FAIRFIELD FL 32634**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **HOWLETT, BRYAN**  
CITY-ST-ZIP **4285 SW 65TH ST.  
OCALA FL 34476**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **SEC/TREA**  
1.3 STREET ADDRESS **WALTER J. BURKE**  
1.4 CITY-ST-ZIP **PO BOX 460  
REDDICK, FL 32686**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D**  
2.3 STREET ADDRESS **HARRY T. MANGURIAN, JR.**  
2.4 CITY-ST-ZIP **5850 SW STATE RD 200  
OCALA, FL 34474**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **D**  
3.3 STREET ADDRESS **STANLEY M. ERSOFF**  
3.4 CITY-ST-ZIP **1439 WEST FLAGLER  
MIAMI, FL 33135**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/99**

**352-629-2160**

Date Daytime Phone #

CR2E034 (11/98)