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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED

Apr 30 1997 8:00am Secretary of State

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DOCU	MENT # F95000	0005527 (5)		-				
1. Corporation	ATE STUD FARM, INC.							
HEWG	INTE STOD PARING INCO			İ	1110		Mar stabiliti	
Principal Place	of Business	Mailing Address		: .				
	IAIN ST., STE. 1000	201 EAST MAIN ST., STE			·			
LEXINGTON	KY 40507-1380	LEXINGTON KY 40507-13	80					
					3. Date incorporated or Qualified 11/13/1995	3a. Date of Last	Report	
	ace of Business	2a. Mailing Address		<u> </u>	4. FEI Number 61-1290220		Applied For	
21		26			OT IEUUEU	60.	Not Applicable	
Suite, Apt.		Suite, Apt. #. etc.		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	LJ Fe	5 Additional e Required	
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		OO May Be led to Fees	
Zip	Country	Zip	Countr	У	8. This corporation has liability for		s 199.032,	
24	25 9. Name and Address of Current	<u> </u>	30)		Florida Statutes Yes 10. Name and Address of New I			
	5. Name and Address of Content	neglatates Agent	81	Name				
1	PRPORATION SYSTEM	2) Street Ac	Abbress (P.O. Box Number is Not Acceptable)					
1	OUTH PINE ISLAND ROAD							
PLANIA	ATION FL 33324		63	'				
			84) "		FL '	Zip Code	
11. Pursuant to	o the provisions of Sections 607,0502 a	nd 607,1508, Florida Statutes, Such change was authorized	the above	named corp	oration submits this statement for the pubard of directors. I hereby accept the app	rpose of changing its	s registered office ed agent. I am	
familiar wit	h, and accept the obligations of, Section	607.0505, Florida Statutes.						
SIGNATURE	5 grature, typied or printed name of registered agent an	d the faccicatie. NOTE:	Papsieres Am	eni sionature redu	red when renetating)	DATE		
12.	OFFICERS AND		13.		ADD TIONS CHANGES TO OF			
TITLE	DP ANTUONY	☐ DEFELE	1. 1 TITLE			Change	e 🔲 Addition	
NAME +	PENFOLD, ANTHONY L 201 EAST MAIN ST., STE. 100	\	1.2 NAME					
STREET ADDRESS	LEXINGTON KY 40507-1380	JU		TACORESS				
CITY-ST-ZIP	DS	□ DELETE	2.1 TITLE			Change	e 🗍 Addition	
NAME	BISHOP, WILLIAM T III		22 NAME	f		 -		
STREET ADDRESS	201 EAST MAIN ST., STE. 100	00	2 3 STREE	T ADORESS				
CITY-ST-ZIP	LEXINGTON KY 40507-1380		2 4 CITY -	\$1-21P				
THILE	DI	☐ DELETE	3. 1 TITLE	ľ		Change	a Addition	
MANE	THOMASON, WILLIAM W 3414 BOWMANS MILL ROAD		32 NAME	ľ				
STREET ADORESS	LEXINGTON KY 40513			ET ADDRESS				
TITLE	ELANGION IN 40010	DELETE	4.1 DITLE			Change	e 🔲 Addition	
MAVE		Clotter	4.2 NAME	l l				
STREET ADDRESS			1 .	T ADDRESS				
CITY-ST-ZIP			44 CITY					
TITLE	 	☐ DELETE	5 1 TITLE			Change	e 🔲 Addition	
NAME			5 2 NAME					
STREET ADDRESS			5 3 STREE	T ADDRESS	~~~~~~~~~			
CITY - ST - ZIP			5.4 CITY-		30000216)44U3 31014=-		
TITLE	1	☐ DELETE	6. 1 TITLE		-05/02/97011	21OTO Cyaudy	e 🔲 Addition	

64 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 cath, 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 changes, or on an attachment with an address.

62 NAME

6 3 STREET ADORESS

S	IG	NΑ	TL	JR	E:

STREET ADDRESS

When the Type on Printed Harder Signing Officer or Director

***165.00

CS 4/30/9