

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H48510** (2)

1. Corporation Name

**THOROBRED TREES, INC.**



Principal Place of Business

Mailing Address

% WILLIAM D. REESE  
2227 S.E. 5TH STREET  
OCALA FL 32671

% WILLIAM D. REESE  
2227 S.E. 5TH STREET  
OCALA FL 32671

3. Date Incorporated or Qualified

**03/21/1985**

3a. Date of Last Report

**04/14/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2531834**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

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

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

REESE, WILLIAM D.  
2227 S.E. 5TH STREET  
OCALA FL 32671

81 Name

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

83

84 City

**FL**

85

Zip Code

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 true legal name (NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
P  
REESE, WILLIAM D.  
STREET ADDRESS  
2227 S.E. 5TH ST.  
CITY- ST- ZIP  
OCALA FL

TITLE ☐ DELETE

NAME  
VP  
REESE, WILLIAM D., JR.  
STREET ADDRESS  
2695 NE 34TH ST  
CITY- ST- ZIP  
OCALA FL

TITLE ☐ DELETE

NAME  
STD  
REESE, META T.  
STREET ADDRESS  
2227 S.E. 5TH ST.  
CITY- ST- ZIP  
OCALA FL

TITLE ☐ DELETE

NAME  
D  
REESE, CARLTON T.  
STREET ADDRESS  
2227 S.E. 5TH ST.  
CITY- ST- ZIP  
OCALA FL

TITLE ☐ DELETE

NAME  
D  
ERGLE, GREGORY  
STREET ADDRESS  
4920 SW 4TH AVE  
CITY- ST- ZIP  
OCALA FL

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

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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: *William D. Reese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 351-3664  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

CR2E034 (12/95)