FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



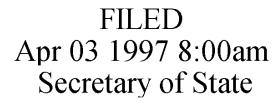
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # H48510

(2)



THOROBRED TREES, INC. Principal Place of Business Mailing Address William D. REESE 2227 S.E. 5TH STREET OCALA FL 32671 OCALA FL 34471-2616					,					
}					3. Da	ate incorporated or Q 3/21/1985	ualified 3a. D 04	ate of Last R /29/1996	leport	
2. Principal	Place of Business	2s. Mailing Address			4, FE	I Number		·	pplied For	
21		26				59-2531834			ot Applicable	
Suite, Ap	I #, €IC.	Suite, Apt. #, etc.			5. Ce	ertificate of Status De	sired 🔲	T	Additional equired	
City & Sta	de	City & State			6. Ele	ection Campaign Fins	incina		May Be	
23	to the party of the second control to the se	28			l l	ust Fund Contribution	~ (to Fees	
Zip Firm	Country	Z _I p	-	Intry		is corporation has lia			; 199.032,	
[24]	25 g. Name and Address of Curre	29 and Registered Agent	30			orida Statutes ame and Address of	New Registered			
DC	ESE, WILLIAM D.	in riegistered Agent		81 Nami		anio ana Addiess Ol	HOW HOSISION	Agoin		
	27 S.E. 5TH STREET			-						
1	CALA FL 32671			82 Stree	t Address (P.O.	Box Number is Not	acceptable)			
				63						
				84 Cify				85 Zip	Code	
				}			FL	_ ' ' '		
office of agent. I SIGNATURE	It to the provisions of Sections 607.051 registered agont, or both, in the State am familiar with, and accept the oblig				orporation a boa		DATE	oointment as	registered	
12.	OFFICERS AN	ID DIRECTORS	13.		ADI	DITIONS/CHANGES	O OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	P	☐ DELETE	1.1 11	ITLE				Change	Addition	
NAME	REESE, WILLIAM D. 2227 S.E. 5TH ST.		1.2 N							
STREET ADDRESS	OCALA FL			TREET ADDRESS	6					
CITY-ST-ZIF	VP VP	DELETE	1.4 C 2.1 Ti	ITY-ST-ZIP				Change	Addition	
MAME	REESE, WILLIAM D., JR.	E DILLCIE	2.1 II 2.2 N					L.1 Change	L. Adolphi	
STREET ADDRESS	OODE NE DATH OT			amic Treet address			. •			
CHY-S1-ZIP	OCALA FL		1	XTY-ST-ZIP						
DILE	STD	☐ DELETE	3.1 TI			***************************************		Change	Addition	
NAME	REESE,META T.		3.2 N	AME						
STREET ADDRESS			3.3 \$	TREET ADDRESS	; [
CITY-ST ZIP	OCALA FL		34.0	CITY-ST-ZIP	ļ <u></u>					
TITLE	D	DELETE	4.1 T	ITLE				☐ Change	Addition	
NAME	REESE, CARLTON T.			NAME						
STREET ADDRESS			4.3 \$	TREET ADORESS	5					
CITY - S1 - ZIP	OCALA FL	T Briese		ITY-ST-ZIP		 			4 4 4 5 1	
TIME	D ERGLE, GREGORY	☐ DELETE	5 1 T					Change	Addition	
NAME.	ACCC CIN ATU AUT		52 N							
STREET ADDRESS	OCALA FL			TREET ADDRESS	·					
TITLE	OVALA I L	☐ DELETE	5.4 C 6.1 T	ITY-ST-ZIP				Change	Addition	
ļ		L1 origin	6.2 N					Cikings L	L Augusti	
NAME STREET ADDRESS	,		1	ami: Treet address						
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CITY ST 7IF	abuse the the inferred or quality	ad with this files along and pur	0.4 C	ITY-ST-ZIP	stated in Conti	on 110 07(2)(i) Florid	a Ctatuton I furthe	e oodif: that	1 tha	

I do hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated or his senual 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 deporation 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR