


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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90123 045 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H48510</b>					
1. Corporation Name <b>THOROBRED TREES, INC.</b>					
Principal Place of Business <b>% WILLIAM D. REESE 2227 S.E. 5TH STREET OCALA FL 32671</b>			Mailing Address <b>% WILLIAM D. REESE 2227 S.E. 5TH STREET OCALA FL 32671</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		
9. Name and Address of Current Registered Agent <b>REESE, WILLIAM D. 2227 S.E. 5TH STREET OCALA FL 32671</b>			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	<b>REESE, WILLIAM D.</b>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>2227 S.E. 5TH ST.</b>		1.2 NAME		
CITY-ST-ZIP	<b>OCALA FL</b>		1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REESE, WILLIAM D., JR.</b>		2.2 NAME		
STREET ADDRESS	<b>2695 NE 34TH ST</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REESE, META T.</b>		3.2 NAME		
STREET ADDRESS	<b>2227 S.E. 5TH ST.</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA FL</b>		3.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REESE, CARLTON T.</b>		4.2 NAME		
STREET ADDRESS	<b>2227 S.E. 5TH ST.</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA FL</b>		4.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ERGLE, GREGORY</b>		5.2 NAME		
STREET ADDRESS	<b>4920 SW 4TH AVE</b>		5.3 STREET ADDRESS	<b>1842 SE 38th Ct.</b>	
CITY-ST-ZIP	<b>OCALA FL</b>		5.4 CITY-ST-ZIP	<b>OCALA FL. 34471</b>	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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

*William D. Reese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

352-351-3664

Daytime Phone #

CR2E034 (11/98)