

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

FILED

Feb 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H90407 (8)</b> 1. Corporation Name <b>THOROUGHbred FREIGHT LINES, INC.</b>			
Principal Place of Business <b>% JAMES MOONEY</b> <b>7400 N.W. 55TH AVE.</b> <b>OCALA FL 32675</b>		Mailing Address <b>% JAMES MOONEY</b> <b>7400 N.W. 55TH AVE.</b> <b>OCALA FL 34482-2279</b>	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
<b>3. Date Incorporated or Qualified</b> <b>12/18/1985</b>		<b>3a. Date of Last Report</b> <b>02/23/1996</b>	
<b>4. FEI Number</b> <b>59-2521135</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>MOONEY, JAMES</b> <b>7400 N.W. 55TH AVE.</b> <b>OCALA FL 32675</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>P</b> NAME <b>MOONEY, JAMES</b> STREET ADDRESS <b>7400 NW 55TH AVE.</b> CITY- ST- ZIP <b>OCALA FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b> NAME <b>MOONEY, JAMES F., JR.</b> STREET ADDRESS <b>7400 NW 55TH AVE.</b> CITY- ST- ZIP <b>OCALA FL 34482</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>BRUCE, JASON</b> STREET ADDRESS <b>7400 NW 55TH AVE</b> CITY- ST- ZIP <b>OCALA FL 34482</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>BRUCE, LESLIE</b> STREET ADDRESS <b>7400 NW 55TH AVE</b> CITY- ST- ZIP <b>OCALA FL 34482</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>HAGAN, KATHLEEN</b> STREET ADDRESS <b>7400 NW 55TH AVE</b> CITY- ST- ZIP <b>OCALA FL 34482</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b> NAME <b>MOONEY, JEANETTE</b> STREET ADDRESS <b>7400 NW 55TH AVE</b> CITY- ST- ZIP <b>OCALA FL 34482</b>	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>14. I do 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.</b>			
<b>SIGNATURE: JAMES F. MOONEY</b> <i>James F. Mooney</i> <b>2-17-97 352-622-2137</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)