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**Feb 10, 1999 8:00am**  
**Secretary of State**

02-10-1999 90047 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **H90407**

1. Corporation Name  
**THOROUGHbred FREIGHT LINES, INC.**

Principal Place of Business

% JAMES MOONEY  
 7400 N.W. 55TH AVE.  
 OCALA FL 32675

Mailing Address

% JAMES MOONEY  
 7400 N.W. 55TH AVE.  
 OCALA FL 32675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1985

4. FEI Number

59-2521135

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

MOONEY, JAMES  
 7400 N.W. 55TH AVE.  
 OCALA FL 32675

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  DELETE

NAME MOONEY, JAMES  
 STREET ADDRESS 7400 NW 55TH AVE.  
 CITY-ST-ZIP OCALA FL

TITLE VD  DELETE

NAME MOONEY, JAMES F., JR.  
 STREET ADDRESS 7400 NW 55TH AVE.  
 CITY-ST-ZIP OCALA FL 34482

TITLE D  DELETE

NAME BRUCE, JASON  
 STREET ADDRESS 7400 NW 55TH AVE  
 CITY-ST-ZIP OCALA FL 34482

TITLE D  DELETE

NAME BRUCE, LESLIE  
 STREET ADDRESS 7400 NW 55TH AVE  
 CITY-ST-ZIP OCALA FL 34482

TITLE D  DELETE

NAME HAGAN, KATHLEEN  
 STREET ADDRESS 7400 NW 55TH AVE  
 CITY-ST-ZIP OCALA FL 34482

TITLE SD  DELETE

NAME MOONEY, JEANETTE  
 STREET ADDRESS 7400 NW 55TH AVE  
 CITY-ST-ZIP OCALA FL 34482

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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: *James F. Mooney* JAMES F. MOONEY

1-22-99

Date

Daytime Phone #

CR2E034 (1/98)