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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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DELETE

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

DELETE

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

DELETE

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

DELETE

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

DELETE

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

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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)