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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

|--|

DOCUMENT #

H93559

(3)

THOROUGHBRED HORSE AND FARM MANAGERS CONSULTING SERVICE, INC.									
Principal Place of Business Mailing Address 4804 NE 10TH PLACE % MICHAEL J. COOPER OCALA FL 34470 4604 NE. 10TH PLACE					I 1061914 8118 (0186 4119) E(16) E(19) Attib sibil Albit Bribr andli andli andli andli andli andli andli andli				
US		OCALA FL 32671-8171			3. Date Incorporated or Qualified 01/09/1986		nte of Last Ro 02/03/19		
2. Principal Plac	ce of Business	2a. Mailing Address	:			4. FET Number		k	Applied For
<u> </u>		26				59-2635248		44	Not Applicable Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		+	Required
City & State		City & State				6. Election Campaign Financing	F1		May Be
3		28				Trust Fund Contribution			to Fees
Ζφ	Country	Zıp	Cou	itry		8. This corporation has liability for Florida Statutes	r intangible os ∷ ∏ No	tax under s	199.032,
<u> </u>	25 9. Name and Address of Curren	29 29 Agent	30			10. Name and Address of New		d Agent	
	9. Name and Address of Corre	it neglistered rigens		81 Nan	10	, <u></u> . , ,			
TOLLIVER, WILLIAM				82 Stre	et Addre	ress (P.O. Box Number is Not Acceptable)			
	99 LAKE JAMES RD							<u></u> -	
ODESS#	N FL 33556			83					
				84 City			F	85 Zu	o Code
SIGNATURE _	Signature typed or printed name of registered agent	and a second							
	*			Agent signal	Jre responent	Metrenstrangt ADDITIONS/CHANGES TO O	DATE FINCERS A		DRS IN 12
	*	D DIRECTORS DELETE	NOIL: Registered 13.		une recipillers	ADDITIONS/CHANGES TO O			
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ITLE JAME STREET ADDRESS DITY-ST-ZIP	OFFICERS AN DP HUNT, SAMUEL 4604 NE 10TH PLACE OCALA FL	D DIRECTORS	13. 1 11 12N 1.3 S 1.4 C	TLE .ME REF1 ADDRE IY-S1-ZIP		ANDITIONS/CHANGES TO O		NO DIRECTO	Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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