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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name J05764

(2)

T & T EQUINE INSURANCE, INC.

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					NY 07044 01914 01014 01014 4801
1896 GALLOP DRIVE	1898 GALLOP DRIVE				
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	STACE
				03/25/1986	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 3044 SOUTH MILITA		· · · · · · · · · · · · · · · · · · ·		59-2626335	Not Applicable
Suite, Api. #, etc. 22 LAKE WORTH FL	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			C. Flastica Constraint Financia	Fee Required
23 33463	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country		8. This corporation owes or has paid the cu	
24 25 PB	29 30	0		Personal Property Tax due June 30.	Yes No
 	1 Current Registered Agent			10. Name and Address of New Registered	Agent
TISNOWER, EDWARD C.		81	Name		
1898 GALLOP DRIVE		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
LOXAHATCHEE FL 33411		83			
		[03]			
		84	City	FL	85 Zip Code
11. Pursuant to the provisions of Sections	607.0502 and 607.1508, Florida Statutes.	the above	named co	orporation submits this statement for the purpose of	changing its registered
office or registered agent, or both, in the	he State of Florida, Such change was aut he obligations of Section 607 0505. Florid	horized by	the corpor	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	To onigations of coolion agrico on	aa Olalales	•		
Stgmature, typical or printed name of reg	estered agent and little if applicable (NOTE R	togistered Aga	nt a griature rec	quired when re-instating) (DAT)	
	ERS AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE DP	☐ DELETE	1.1 TITLE			Change Addition
NAME TISNOWER, EDWARD	C.	1.2 NAME			
STREET ADDRESS 1898 GALLOP DRIVE		1.3 STREE I			
CITY-ST-ZIP LOXAHATCHEE FL	DILETE	1.4 CITY - ST 2.1 TOLE	- ZIP		Change Addition
NAME	E bittie	2.7 NAME	1		☐ Cusuite ☐ Mutilion
STREET ADDRESS		23 STREET	223BOCA		
CHY-ST-ZIP		2 4 CHY-S		·	
THE	DELETE	3 1 HILE			Change Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET	ADDRESS		
CITY-ST-ZIP		3.4. C(1Y - S	1 - ZIP		
TOLE	DELETE"	4.1 TITLE			Change Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET A			ļ
C(TY-ST-ZIP	T DELETE	4.4 CITY - ST	- ZIP		
TITLE	LJ DELETE	5.1 TITLE			Change Addition
NAME CTREET ADDRESS		5.2 NAME	Inputos		
STREET ADDRESS		53 STHEFT /			
CITY-ST-ZIP TITLE	DELETE	54 CHY-ST 61 TITLE	- ZIP		Change Addition
NAME	LJ PACIE	62 NAME			rm change T Worldon
STREET ADDRESS		6.3 STREET A	IDDB1 66]
CITY-ST-ZIP					•
14 Thereby certify that the information sur	nation with this filmo does not qualify for the	6.4 CITY - \$1		in Section 119 (17/3)(i) Florida Statutes Lituribar or	artifu that the information

indicated on this annual report or supplied will this ming does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify that the information indicated on this annual report or supplied will arnual report is true and accurate and that my signature shall have the same logal 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 chapter 6, or or an attact them with an address.