

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J15084 (3)  
1. Corporation Name

AMERICAN EQUINE PUBLISHERS, INC.

Principal Place of Business

Mailing Address

851 NW 24 COURT  
SUITE 102  
OCALA FL 34475  
US

P.O. BOX 2106  
OCALA FL 34478  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1986

4. FEI Number

59-2698205

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANCOCK, RICHARD E  
4727 NW 80TH AVE.  
OCALA FL 34482

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	PD	<input type="checkbox"/> DELETE
NAME	CROMARTIE, ROBERT	
STREET ADDRESS	SILVER LEAF FARMS, P.O. BOX 890	
CITY-ST-ZIP	SUMMERFIELD FL 34492	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	O'FARRELL, J. MICHAEL JR.	
STREET ADDRESS	OCALA STUD FARM, P.O. BOX 818	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SILVER, STEPHEN A	
STREET ADDRESS	1516 SW 23RD AVE.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, LEVERETT	
STREET ADDRESS	T SQUARE STUD, P.O. BOX 900	
CITY-ST-ZIP	FAIRFIELD FL 32834	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWLETT, BRYAN	
STREET ADDRESS	4285 SW 65TH ST.	
CITY-ST-ZIP	OCALA FL 34476	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 from my attachment with an address.

SIGNATURE

4/20/98

252-847-1407

CP2E034 (10/97)