FILED Aug 20 1998 8:00am Secretors Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

SKIFFINGTON RACING STABLES, INC.								
Principal Place	e of Business	Mailing Address					DIBLI BIBLI BIBLI BIBLI ICAL	
14402 LAUREL TRAIL 14402 LAUREL TRAIL								
WELLINGTON FL 33414 WELLINGTON FL 33414						l l		
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						11/06/1986		
· ·	rincipal Place of Business 2a. Malling Address					4. FEI Number	Applied For	
21 26						66-1185817	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1-m			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	· · · · · · · · · · · · · · · · · · ·				8. This corporation owes or has paid the current year Intengible		
24	25	29	30			Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
MUNROE, W. BRADLEY ESQ. B1 Name								
239 EAST VIRGINIA STREET Tallahassee FL 32301				82 S	treet Addres	ess (P.O. Box Number is Not Acceptable)		
TALLA MODEL I E SESO I			Ţ	83				
				84 C	ity	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								
<u></u>				d Agent	elgnature require	ed when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	——————————————————————————————————————	
TITLE	PD	L_ DELETE	1.1 TITL		- 1		Change Addition	
NAME	SKIFFINGTON, THOMAS J.		1.2 NAME					
STREET ADDRESS	14402 LAUREL TRAIL		1.3 STREET ADDRESS		RESS			
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-5				~	
TITLE	AVICENIATALILIA				1	L	Change Addition	
NAME	14402 LAUREL TRAIL		2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	WELLINGTON FL 33414		2.3 STREET		KE\$S			
CITY-ST-ZIP TITLE	VICEDITOTOTI TE 33414							
NAME		L_ OCCETE		3.1 TITLE 3.2 NAME		L.J	Change Addition	
STREET ADDRESS			•	3 STREET ADDRESS				
CITY-ST-ZIP					ncoo		4	
TITLE				3.4 CITY-ST-ZIP 4.1 TITLE			Chance D Addition	
NAME	L_J DELETE		4.2 NAME			<u></u>	Change Addition	
STREET ADDRESS				EET ADD	DESC		}	
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5.1 TITL				Change Addition	
NAME.				5.2 NAME		<u></u>	Change Rubition	
STREET ADDRESS				 Eet addi	RESS			
C(TY-\$T-Z)P			5.4 CITY					
TITLE		DELETE	61 TITL				Change Addition	
NAME			6.2 NAN	1E			The state of the s	
STREET ADDRESS	· ·		6.3 STRI	EET ADDI	RESS			
CITY-ST-ZIP			6.4 CITY		}			
14. Uherehy ce	ertify that the Information supplied wil	h this filing does not qualify for the	evemnt	ion sta	ted in section	on 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 exprowered 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: NOWING 4-3 44 14 7.25.98								
				H				