

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J64881 (2)

1. Corporation Name

CASHMAN PUREBRED, INC.



Principal Place of Business

% THE PRENTICE-HALL CORPORATION SYSTEM
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

Mailing Address

% THE PRENTICE-HALL CORPORATION SYSTEM
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 200 W. Adams St.
27 Suite, Apt. #, etc.
28 2905
29 City & State
30 Chicago, Illinois
31 Zip Country
32 33 34 60606
35 36 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified 03/27/1987
3a. Date of Last Report 03/10/1995
4. FEI Number 36-3517681
5. Certificate of Status Desired ☐
6. Election Campaign Financing Trust Fund Contribution ☐
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

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)

INCL. Registered Agent Signature (required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CASHMAN, EUGENE C.
STREET ADDRESS 13009 S HWY 475
CITY-ST-ZIP OCALA FL
TITLE D
NAME CASHMAN, MARY LOU
STREET ADDRESS 13009 S HWY 475
CITY-ST-ZIP OCALA FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Eugene C. Cashman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96
Date

(312)
419-4700
Telephone #

CR2E034 (12/95)