


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M69209 (8) 1. Corporation Name WATEROAK PLANTATION QUARTER HORSES, INC.					
Principal Place of Business % THOMAS C. JOHNSON 6006 THOMASVILLE RD. TALLAHASSEE FL 32312			Mailing Address % THOMAS C. JOHNSON 6006 THOMASVILLE RD. TALLAHASSEE FL 32312		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/23/1988	
22 City & State		27 City & State		3a. Date of Last Report	
23 Zip		28 Zip		02/19/1996	
24 Country		29 Country		4. FEI Number	
				59-2878719	
25		30		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
JOHNSON, THOMAS C. 6056 THOMASVILLE ROAD TALLAHASSEE FL 32312				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.		81 Name			
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		83			
DATE		84 City		FL 85 Zip Code	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		1.1 TITLE			
NAME		1.2 NAME			
STREET ADDRESS		1.3 STREET ADDRESS			
CITY - ST - ZIP		1.4 CITY - ST - ZIP			
DPS JOHNSON, THOMAS C. 6056 THOMASVILLE ROAD TALLAHASSEE FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		2.1 TITLE			
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY - ST - ZIP		2.4 CITY - ST - ZIP			
JOHNSON, THOMAS C. 6056 THOMASVILLE ROAD TALLAHASSEE FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		3.1 TITLE			
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP		3.4 CITY - ST - ZIP			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		4.1 TITLE			
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		5.1 TITLE			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY - ST - ZIP		5.4 CITY - ST - ZIP			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		6.1 TITLE			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		6.4 CITY - ST - ZIP			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			

SIGNATURE:

Thomas C. Johnson

7/22/97

863-6977

CR2E034 (4/97)