FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:42

DOCUMENT # **N47999** **(0)**

1. Corporation Name
AMERICAN MINIATURE TROTTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ROUTE 1, BOX 1725 ANTHONY FL 32617	ROUTE 1, BOX 1725 ANTHONY FL 32617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1992
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-3114445 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: P.O. Box 613
22: Suite, Apt. #, etc.
23: Citra, Fl.
24: Zip 32133 25: Country USA

2a. Mailing Address
26: P.O. Box 613
27: Suite, Apt. #, etc.
28: City & State: Citra, Fl.
29: Zip 32133 30: Country USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BALL, ROBERT
17126 NE 36TH COURT
CITRA FL 32113

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☐ Change ☒ Addition
NAME	MORRIS, HOWARD M.	12 NAME		
STREET ADDRESS	RT. 1 BOX 1725	13 STREET ADDRESS		
CITY-ST-ZIP	ANTHONY FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	S/T/D	☐ Change ☒ Addition
NAME	BALL, ZONDARA K	22 NAME		
STREET ADDRESS	17126 NE 36TH CT	23 STREET ADDRESS		
CITY-ST-ZIP	CITRA FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	M/D	☒ Change ☐ Addition
NAME	TAYLOR, JOYCE	32 NAME	Robert E. Ball	
STREET ADDRESS	11700 NW 83 TERR.	33 STREET ADDRESS	17126 NE 36th Ct.	
CITY-ST-ZIP	REDDICK FL	34 CITY-ST-ZIP	Citra, Fl. 32113	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	WILLIAM, HOWE	42 NAME		
STREET ADDRESS	5811 NW NETH PL	43 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	V/D	☐ Change ☒ Addition
NAME	RIVERS, PATTI	52 NAME		
STREET ADDRESS	17226 NE NE 9TH AVE	53 STREET ADDRESS		
CITY-ST-ZIP	CITRA FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Ball Robert E Ball 4/10/95 904-595-3372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000944