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CORPORATION ANNUAL REPORT

1996



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

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appears in Block 12 or Block 13 if changed, or on an attachment with an address

1. Corporation Name ENGLISH QUARTERHORSES, INC. Principal Place of Business Mailing Address 8178 MIDDLE FORK LANE 8178 MIDDLE FORK LANE JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1993 04/11/1995 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 21 26 59-3165096 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEPHEN C ENGLISH 82 Street Address (P.O. Box Number is Not Acceptable) 8178 MIDDLE FORK LANE JACKSONVILLE FL 32256 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (12/95)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETÉ 1. 1 TITLE ☐ Change ☐ Addition NAME ENGLISH, STEPHEN C 1.2 NAME CR2E034 STHEET ADDRESS 8178 MIDDLE FORK LANE 1.3 STREET ADDRESS JACKSONVILLE FL DITY-ST-ZIP 1.4 CITY - ST - ZIP T-TLE DELETE 2. 1 TITLE Change [Addition NAME 2 2 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST- ZIP 24 CHTY - ST - ZIP TITLE DELETE ☐ Change 3 1 TITLE ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CHTY-ST-ZIP 3 4 CITY - S1 - ZIP TATLE ☐ DELETE 4. 1 TITLE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - \$1 - ZIF TITLE □ DELETE 5. 1 TITLE ☐ Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-7IP 5.4 CITY-ST-ZIP TITLE DELETE € 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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)(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 cath, 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

Stephen C. English