FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Apr 29, 1999 8:00 am CORPORATION Katherine Harris ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 04-29-1999 90284 027 ***150.00 DOCUMENT #P930001256 v English Quarterhorses, Inc. Principal Place of Business Mailing Address 8178 Middle Fork Lane 8178 Middle ForthLane Jacksonville, Fl. 32256 Jacksonville, Fl. 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/17/93 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired П Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible ₩No. 25 29 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Stephen C. English DMD 8178 Middle Fork Lane 81 Name Street Address (P.O. Box Number is Not Acceptable) Jacksonville, Fl. 32256 83 84 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

SUCHEMBER STATUTE

4/26/99 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. President ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE Stephen C. English, DMD 8178 Middle Fork Lane NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Tacksonville, Fl. 32256 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 2. 4 CITY-ST-ZIP ☐ DELETE ☐ Addition 3.1 TITLE ☐ Change 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIF ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE □ DELETE Change ☐ Addition 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

904) 641-2139

CR2E034 (11/98)