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 # P93000030188 (5)

1. Corporation Name
PADDOCK DOWNS, INC.

Principal Place of Business
1314 SW 17TH ST.
OCALA FL 34474-3531
US

Mailing Address
1314 S.W. 17TH ST.
OCALA FL 34474-3531
US

2. Principal Place of Business: 21 2135 S.E. Millcreek Circle
Suite, Apt #, etc. 22
City & State: 23 Ocala FL
Zip: 24 34471 Country: 25 USA

2a. Mailing Address: 26 2135 SE Millcreek Circle
Suite, Apt #, etc. 27
City & State: 28 Ocala, FL
Zip: 29 34471 Country: 30 USA

3. Date Incorporated or Qualified: 04/23/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3178135 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~ENGLISH, JAMES M. JR.~~
~~7280 SW 60TH STREET~~
~~OCALA FL 34474~~
Roy Thad Boyd, III
2135 S.E. Millcreek Circle
Ocala FL 34471

10. Name and Address of New Registered Agent
81 Name: Roy Thad Boyd III
82 Street Address (P.O. Box Number is Not Acceptable): 2135 S.E. Millcreek Circle
83
84 City: Ocala FL 85 Zip: 34471

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BOYD, III R	
STREET ADDRESS	~~1314 S.W. 17TH STREET~~	
CITY-ST-ZIP	~~OCALA FL~~	
TITLE	D	☒ DELETE
NAME	STEWART, SUZANNE	
STREET ADDRESS	307 NE 36TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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: [signature] 4/27/96 352/368-5899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)