FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087008 (7)

1. Corporation Name
~~CAVALLO FARMS, INC.~~
HIGH POINT STABLES

100001498567
-05/24/95--01035--005
****200.00 ****200.00

Principal Place of Business
RT. 3, BOX 578-B2
TALLAHASSEE FL 32308

Mailing Address
RT. 3, BOX 578-B2
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 RT 3 BOX 578
22 Suite Apt # etc.
23 City & State: TALLAHASSEE FL
24 Zip: 32308
25 County: LEON

2a. Mailing Address
26 RT 3 BOX 578
27 Suite Apt # etc.
28 City & State: TALLAHASSEE FL
29 Zip: 32308
30 County: LEON

4. FEI Number: 59-3210430 — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Electronic Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. The corporation has elected to be governed by Section 607.0832 Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent
OWEN, AMY K
RT. 3, BOX 578-B2
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
81 Name: VAL TUCK
82 Street Address (P.O. Box Number is Not Acceptable): RT 3, BOX 578-A
83 CENTERVILLE ROAD
84 City: TALLAHASSEE FL 85 Zip Code: 32308

11. Pursuant to the provisions of Sections 607.0505 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: Val H. Tuck — Val H. Tuck — 5-14-95
(Signature of Current Registered Agent or Officer of Registered Agent Corporation) (Name: Registered Agent or officer and title if applicable) (Date)

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip
D	TUCK, VAL	RT. 3, BOX 578-A	TALLAHASSEE FL 32308
D	OWEN, AMY K	RT 3 BOX 578-B2	TALLAHASSEE FL
D	PRICE, JANET	1320 WARRIOR WAY	TALLAHASSEE FL 32304

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip	
P/D				[X] Change [ ] Addition
Jim SCHULTZ VP/D		RT 3 BOX 578	TALLAHASSEE, FL 32308	[ ] Change [X] Addition
S/T/D	SUE SCHULTZ	RT 3 BOX 578	TALLAHASSEE, FL 32308	[ ] Change [X] Addition

REMITTED BY MAY 1
5/1/95 MLS

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is true and is correct 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 or Block 14 if changed, or is added in Block 13 or Block 14 or attached with an asterisk.

SIGNATURE: Sue Schultz SUE SCHULTZ 4/24/95 (904)942-4900
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Daytime Phone Number)

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