

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP 26 PM 3:18

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-10/14/96--01026--0038

\*\*\*\*225.00 \*\*\*\*225.00



DOCUMENT # P95000008037 (0)

1. Corporation Name

FOREST THOROUGHbred FARMS, INC.

Principal Place of Business

Mailing Address

1863 QUEEN PALM DRIVE  
APOPKA FL 32712

1863 QUEEN PALM DRIVE  
APOPKA FL 32712

3. Date Incorporated or Qualified

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 1430 N.W. 114th LOOP

26 1430 N.W. 114TH LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ocala, FL

27 Ocala, FL

City & State

City & State

23 34475

U.S.A.

28 34475

U.S.A.

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARBOLEDA, OSCAR  
1863 QUEEN PALM DRIVE  
APOPKA FL 32712

B1 Name

ARBOLEDA OSCAR

B2 Street Address (P.O. Box Number is Not Acceptable)

1430 N.W. 114th LOOP

B3

OCALA DOWNS

B4 City

OCALA

FL

B5 Zip Code  
34475

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
Pres.  
Arboleda, Oscar  
1430 NW 114th Loop  
Ocala, FL 34475

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.2 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 20/96

(352) 622-3250

Date

Daytime Phone #

CR2E034 (3/96)