

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

FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000008037 (0)**

1. Corporation Name

**FOREST THOROUGHbred FARMS, INC.**

Principal Place of Business

**1430 NW 114TH LOOP  
OCALA FL 34475**

Mailing Address

**1430 NW 114TH LOOP  
OCALA FL 34475-1321**

3. Date Incorporated or Qualified

**01/26/1995**

3a. Date of Last Report

**09/26/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25** **29** **30**

g. Name and Address of Current Registered Agent

**ARBOLEDA, OSCAR  
1430 NW 114TH LOOP  
OCALA FL 34475**

4. FEI Number

**APPLIED FOR 36-4021347**

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

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**12.** **P** ☐ DELETE

**NAME** **ARBOLEDA, OSCAR**  
**STREET ADDRESS** **1430 NW 114TH LOOP**  
**CITY-ST-ZIP** **OCALA FL 34475**

**TITLE** ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE** ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

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**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** ☐ Change ☐ Addition

**1.2** NAME

**1.3** STREET ADDRESS

**1.4** CITY-ST-ZIP

**2.1** ☐ Change ☐ Addition

**2.2** NAME

**2.3** STREET ADDRESS

**2.4** CITY-ST-ZIP

**3.1** ☐ Change ☐ Addition

**3.2** NAME

**3.3** STREET ADDRESS

**3.4** CITY-ST-ZIP

**4.1** ☐ Change ☐ Addition

**4.2** NAME

**4.3** STREET ADDRESS

**4.4** CITY-ST-ZIP

**5.1** ☐ Change ☐ Addition

**5.2** NAME

**5.3** STREET ADDRESS

**5.4** CITY-ST-ZIP

**6.1** ☐ 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **OSCAR ARBOLEDA - PRESIDENT**

**APRIL 7/97 (352) 622-3250**

CR2E034 (9/96)