## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000074297 (9)							_				
•	T-PLETCHER STABLES, IN	] 		*()):	1616   1616   164						
Principa! Place of Business Mailing Address											
10575 OLD DIXIE HIGHWAY ST. AUGUSTINE FL 32095			10575 OLD DIXIE HIGHWAY ST. AUGUSTINE FL 32095								
							3. Date Incorporated or Qualifie 09/26/1995	d 3a. Da	ate of Last Re		
2. Principal Place of Business			Mailing Address			4. FE: Number 59-3341295	)	<b>├</b>	Applied For	4	
Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.			(		<del></del>	<del></del>	Not Applicable Additional	┨
22	,	27	, - 4				5. Certificate of Status Desired			Required	
City & Stat	Θ		City & State				6. Election Campaign Financing	P>	\$5.0	May Be	1
23		28			<u>.</u>		Trust Fund Contribution			d to Fees	
Zip	Country		Žip	<del> </del>	intry		8. This corporation has liability f		tax under s	199.032,	1
24	25 9. Name and Address of Curre	29	ared Agent	30	1		Florida Statutes 10. Name and Address of New	es []No	d Anont		╣
	5, Italio and Addition of Outle	in nograte	rea Agent		81 Name	<del></del>	10. Name and Address of New	Legistere	o Agent		┪
	H, HULSEY & BUSEY WATER STREET				82 Stree	t Addre	ss (P.O. Box Number is Not Accep	table)		D 0	1
CHIT	E 1800				83						┨
	SONVILLE FL 32202				<u> </u>						
, UAON	OCIVILLE I E OZZOZ				84 City			F	85 Zip	Code	
or registe	to the provisions of Sections 607.050 red agent, or both, in the State of Florith, and accept the obligations of, Sec	rida. Such d	chanoe was authoriz	ed by the	ove-named corporation	corpora s board	tion submits this statement for the a of directors. I hereby accept the a	ourpose of a opointment	changing its reas registered	egistered office agent. I am	1
SIGNATURE	Signature, typed or printed name of registured age	ntand tite of ap	plicable (NO	TE: Registere	Agent signaturi	required	when reinstating)	DATE			_ ا
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO C		ND DIRECTO	RS IN 12	⊣ફ
TITLE	DC.		☐ DELETE	1.11	ITLE	T			☐ Change	■ Addition	CR2E034 (12/95)
NAME	DOHN B. HART			1.2 N	AME						8
STREET ADDRESS	10575 OLD DIXIE HIGH		i i		TREET ADDRESS	-					Ü
CITY-ST-ZIP	ST AUGUSTINE, FL.	32095			ITY - ST - ZIP	ļ					78
THTLE	P		☐ DELETE	2 1 1					Change	Addition	10
NAME	JOHN J. PLETCHER	4		2.2 N							
STREET ADDRESS	12875 S. HIGHWAY	† 12		1	TREET ADDRESS						
CITY - ST - ZIP TITLE	OCALA FL 32676		☐ DELETE	2.4 C 3. 1 T	ITY - ST - ZIP	<del> </del>	···		[] Change	☐ Addition	4
NAME	JOAN PLETCHER		_ better	3.2 N		1			Onlinge	L_I Radillon	
STREET ADDRESS	12875 S. HIGHWAY 4	75			TREE1 ADDRES						
CITY - ST - ZIP	OCALA, FL 32676			1	ITY-ST-ZIP						
TITLE	DV		☐ DELETE	4.17		1	3000017	974	<b>G</b> ange	Addition	1
NAME	LITA G HART			4.2 N	AME	1	3000017 -04/29/960	1020	049		
STREET ADDRESS	10575 OLD DIXIE HA		4	4.3 S	TREET ADDRESS	-[	***200.00				
DITY-ST-ZIP	ST. AUGUSTINE, FL 3	32095		4.4 C	ITY - ST - ZIP	<b>.</b>					
1ITLE	DV		DELETE	5. 1 1	ITLE				☐ Change	Addition	
NAME	DAVID M. KING	e 1 la 1 a	,	5.2 N	AME						
STREET ADDRESS	10575 OLD DAIE HIG				TREET ADDRESS						
C-TY-ST-7IP	ST AUGUSTINE, FL	32095			ITY - ST - ZIP	<b></b>			<u> </u>	■ 123%	_
TITLE			☐ DELETE	6.11					☐ Change	Addition	
NAME STREET ADDRESS				6.2 N					/	4.24	
CITY-ST-ZIP					TREET ADDRESS ITY-ST-ZIP					-t	
OFFICE COLUMN	1			0.40	111-01-21	1					- 1

14. I do hereby cert fy 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 plock 13 if changed, or on an attachment with an address.

SIGNATURE: WIND DAVID M. KING DAVID M. KING SIGNATURE AND TYPED OR PRINTED PARE OF SIGNING OFFICER OR DIRECTOR

2-196 (904) 826-1993