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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000019309 (9)

1. Corporation Name
RYAN HORSE FARMS, INC.

Principal Place of Business
16525 PABLO ISLAND DR.
GROVERLAND FL 34736

Mailing Address
16525 PABLO ISLAND DR.
GROVERLAND FL 34736-8236



3. Date Incorporated or Qualified 02/28/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 16700 Pablo Island Dr

27 16700 Pablo Island Dr

23 City & State

28 City & State

GROVELAND, FL.

GROVELAND, FL.

24 Zip

Country

29 Zip

Country

34736

LAKE

34736

LAKE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTT, WARREN P
16525 PABLO ISLAND DR.
GROVERLAND FL 34736

81 Name

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

16700 Pablo Island Dr

83

84 City GROVELAND

FL

85 Zip Code 34736

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: Warren P. Butt

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

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE D/P/CEO ☐ Change ☐ Addition

1.2 NAME Warren P. Butt

1.3 STREET ADDRESS 16525 Pablo Island Dr,

1.4 CITY - ST - ZIP Groveland, FL 34736

2.1 TITLE D/VP ☐ Change ☒ Addition

2.2 NAME Timothy M. Butt

2.3 STREET ADDRESS 16700 Pablo Island Dr.

2.4 CITY - ST - ZIP Groveland, FL 34736

3.1 TITLE D/T ☐ Change ☒ Addition

3.2 NAME Marguerite Ryan

3.3 STREET ADDRESS 16700 Pablo Island Dr,

3.4 CITY - ST - ZIP Groveland, FL 34736

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Keven Milliken

4.3 STREET ADDRESS 16700 Pablo Island Dr

4.4 CITY - ST - ZIP Groveland, FL 34736

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Kim Gray

5.3 STREET ADDRESS 16700 Pablo Island Dr

5.4 CITY - ST - ZIP Groveland, FL 34736

6.1 TITLE S ☐ Change ☒ Addition

6.2 NAME Angela K. Snyder

6.3 STREET ADDRESS 466 W. Oak Ridge Rd.

6.4 CITY - ST - ZIP Orlando, FL 32809

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sections 607.0502 and 607.1508, 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: Warren P. Butt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)