

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V15715 (8)

1. Corporation Name
EQUUS SERVICE, INC.



Principal Place of Business 2605 NORTH MAGNOLIA AVE Ocala FL 34475	Mailing Address PO BOX 4874 Ocala FL 34478
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3461 NW 16 CT	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocala, FL	City & State 28
Zip 24 34475	Country 25 March
Country 29	Country 30

3. Date Incorporated or Qualified 02/20/1992	
4. FEI Number 59-3115266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BARNARD, DENNIS L.
1226 N.E. 32ND TERRACE
OCALA FL 32875

10. Name and Address of New Registered Agent

81 Name **Barnard Dennis L.**
 82 Street Address (P.O. Box Number is Not Acceptable)
3461 NW 16 CT
 83
 84 City **Ocala** FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE PT-VS-TY-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARNARD, DENNIS L.		1.2 NAME Dennis Dennis L.	
STREET ADDRESS 1226 N.E. 32ND TERRACE		1.3 STREET ADDRESS 3461 NW 16 CT	
CITY-ST-ZIP OCALA FL		1.4 CITY-ST-ZIP Ocala, FL	
TITLE VS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRUESDELL, DONALD G.		2.2 NAME	
STREET ADDRESS 18352 SE 60TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP OCOKLAWAHA FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **Woolgar** 209-812-1111

CP2E034 (10/97)