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FILED
May 04 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 # **F97000001302 (5)**

1. Corporation Name
CERTIFIED FARRIER SERVICE, INC.

Principal Place of Business
**6355 STATE RD 16
ST AUGUSTINE FL 32092**

Mailing Address
**6355 STATE RD 16
ST AUGUSTINE FL 32092**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1997	
21		26		4. FEI Number 59-3379431	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
Zip	Country	Zip	Country		
24		25			

9. Name and Address of Current Registered Agent

**WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6843**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCST	1.1 TITLE	DVC
NAME	MELNYCHENKO, WALTER	1.2 NAME	LEN MELNYCHENKO
STREET ADDRESS	6355 STATE RD 16	1.3 STREET ADDRESS	6355 STATE RD 16
CITY - ST - ZIP	ST AUGUSTINE FL 32257	1.4 CITY - ST - ZIP	ST. AUGUSTINE FL 32092
TITLE	D	2.1 TITLE	
NAME	MELNYCHENKO, LISA	2.2 NAME	
STREET ADDRESS	4318 WINDERGATE CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32257	2.4 CITY - ST - ZIP	
TITLE	VC	3.1 TITLE	
NAME	MELNYCHENKO, JAY	3.2 NAME	
STREET ADDRESS	4318 WINDERGATE CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32257	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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:

LEN MELNYCHENKO DVC 4/24/98 829-0116

CR2E034 (10/97)