09151999-90001-007-$550.00-$550.00

99.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 18 AM 9:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F97000001302

Corporation Name
CERTIFIED FARRIER SERVICE, INC.

9/16/99. 90001007 $550.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
55 STATE RD 16 AUGUSTINE FL 32092	6355 STATE RD 16 ST AUGUSTINE FL 32092

3. Date Incorporated or Qualified: 03/13/1997

Principal Place of Business	2a. Mailing Address
102 TOBACCO AVE	26 P.O. BOX 1321
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
City & State: SATSUMA FL	City & State 28 ST. AUGUSTINE FL
Zip: 32189 25 Country: USA	Zip: 32085 29 Country: 30 USA

4. FEI Number: 59-3379431 ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name: CORPORATION Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: Truman Perry, III — Authorized Signer — DATE: 09/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature always required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PCST MELNYCHENKO, WALTER 6355 STATE RD 16 ST AUGUSTINE FL 32257	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PCST WALTER MELNYCHENKO 102 TOBACCO AVE SATSUMA FL 32189 — ☒ Change ☐ Addition
DVC MELNYCHENKO, LEN 6355 STATE ROAD 16 ST AUGUSTINE FL 32092	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DVC LEN MELNYCHENKO 102 TOBACCO AVE SATSUMA FL 32189 — ☒ Change ☐ Addition
	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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: [illegible] REQUIRED 9/19/99 — 904 540-3819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE