

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90007 026 \*\*\*150.00

DOCUMENT # P98000001600

1. Corporation Name

CENTURION HORSE FARMS, INC.

Principal Place of Business

7255 WEST HIGHWAY 329  
REDDICK FL 32686

Mailing Address

7255 WEST HIGHWAY 329  
REDDICK FL 32686

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

4. FEI Number

59-3484821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 6860 W. Hwy 329

Suite, Apt. #, etc.

22 City & State  
REDDICK, FL

23 Zip 32686 Country USA

24 32686 25 USA

2a. Mailing Address

26 P.O. Box 1010

Suite, Apt. #, etc.

27 City & State  
FAIRFIELD FL

28 Zip 32634 Country USA

29 32634 30 USA

9. Name and Address of Current Registered Agent

SHELFER, BRUCE A  
7255 WEST HIGHWAY 329  
REDDICK FL 32686

10. Name and Address of New Registered Agent

81 Name SHELFER, BRUCE A.

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

6860 W. Hwy 329

83 REDDICK, FL

84 City

FL

32686

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

TITLE PVST ☐ DELETE

NAME SHELFER, BRUCE A  
STREET ADDRESS 7255 WEST HIGHWAY 329  
CITY-ST-ZIP REDDICK FL 32686

TITLE D ☐ DELETE

NAME SHELFER, BRUCE A  
STREET ADDRESS 7255 WEST HIGHWAY 329  
CITY-ST-ZIP REDDICK FL 32686

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PUST ☒ Change ☐ Addition

1.2 NAME SHELFER, BRUCE A.

1.3 STREET ADDRESS 6860 W. Hwy 329

1.4 CITY-ST-ZIP REDDICK, FL 32686

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME SHELFER, BRUCE A.

2.3 STREET ADDRESS 6860 W. Hwy 329

2.4 CITY-ST-ZIP REDDICK, FL 32686

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Bruce A. Shelfer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 352-591-1299

Date

Daytime Phone #

CR2E034 (11/98)

0066618