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Apr 15 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 # K33487 (5)

1. Corporation Name
MORRIS QUAIL FARM, INC.

Principal Place of Business
18370 S.W. 232 ST.
GOULDS FL 33170

Mailing Address
18370 S.W. 232 ST.
GOULDS FL 33170-5304



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1988		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0083910		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DATRAN CORPORATE AGENTS INC. 9100 S DADELAND BLVD PENTHOUSE I MIAMI FL 33156				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PSD	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition	
NAME	MORRIS, EDWARD			1.2 NAME			
STREET ADDRESS	18370 S.W. 232 ST.			1.3 STREET ADDRESS			
CITY - ST - ZIP	GOULDS FL			1.4 CITY - ST - ZIP			
TITLE	VP	☐ DELETE		2.1 TITLE	☐ Change	☐ Addition	
NAME	MORRIS, MICHELLE			2.2 NAME			
STREET ADDRESS	18370 SW 232 ST.			2.3 STREET ADDRESS			
CITY - ST - ZIP	GOULDS FL			2.4 CITY - ST - ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change	☐ Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change	☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change	☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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: *Michelle Morris* MICHELLE MORRIS 4-10-97 305 2470982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)