

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 JAN 26 AH 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northon  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 549155 (0)

1. Corporation Name  
**BOICE FARMS, INC.**

Principal Place of Business Mailing Address

C/O PINE STREET PROPERTIES  
316 N. PINE ST.  
ORLANDO FL 32801  
US

428 WOODLAND ROAD  
SEWICKLEY PA 15143  
US

2. Principal Place of Business 20. Mailing Address

21 C/O Welwyn Management 26 4078 Summerwood Avenue  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 9500 Satellite Blvd. # 27 70  
City & State City & State

23 Orlando, FL 32837 28 Orlando, FL 32812  
Zip Country Zip Country

24 US 25 US 29 US 30 US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 10/14/1977 3a. Date of Last Report 02/08/1994

4. FEI Number 59-1772667 Applied For Net 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 has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

BOZART, STEPHEN J  
800 N. MAGNOLIA AVENUE, SUITE 1500  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consisting)

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JACK, SUZANNE B
STREET ADDRESS	428 WOODLAND ROAD
CITY - ST - ZIP	SEWICKLEY PA 15143
TITLE	V
NAME	SIPE, AUBREY D
STREET ADDRESS	524 MANOR ROAD
CITY - ST - ZIP	MAITLAND FL 32751
TITLE	V
NAME	BOZARTH, STEPHEN J
STREET ADDRESS	800 N. MAGNOLIA AVE., #1500
CITY - ST - ZIP	ORLANDO FL 32803
TITLE	S
NAME	JACK, WILLIAM I
STREET ADDRESS	428 WOODLAND ROAD
CITY - ST - ZIP	SEWICKLEY PA 15143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Phillips, Aubrey S.
2.3 STREET ADDRESS	9534 Old Turnpike Road
2.4 CITY - ST - ZIP	Afton, VA 22920
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	Craig Linton Jr.
5.4 CITY - ST - ZIP	445 Piney Croft Lane
6.1 TITLE	Maitland, FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Suzanne B. Jack 1/17/95 (719) 783-2935  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Phone #)  
Suzanne B. Jack