

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **549155** (0)

1. Corporation Name
BOICE FARMS, INC.



Principal Place of Business: **C O WELWYN MANAGEMENT 9500 SATELITE BLVD #170 ORLANDO FL 32837 US**
Mailing Address: **4078 SUMMERWOOD AVENUE ORLANDO FL 32612 US**

3. Date Incorporated or Qualified: **10/14/1977**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **59-1772667**
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. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: **ComTech Properties**
22. State, Apt. #, etc.: **9500 Satellite Blvd #160**
23. City & State: **Orlando, FL**
24. Zip: **32837**
25. Country: **US**

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
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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of officer or director or registered agent or trustee of the corporation. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	JACK, SUZANNE B	
STREET ADDRESS	428 WOODLAND ROAD	
CITY-ST-ZIP	SEWICKLEY PA 15143	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHILLIPS, AUBREY S	
STREET ADDRESS	0634 OLD TURNPIKE ROAD	
CITY-ST-ZIP	AFTON VA 22820	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOZARTH, STEPHEN J	
STREET ADDRESS	800 N. MAGNOLIA AVE., #1500	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JACK, WILLIAM I	
STREET ADDRESS	428 WOODLAND ROAD	
CITY-ST-ZIP	SEWICKLEY PA 15143	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LINTON, CRAIG JR	
STREET ADDRESS	445 PINEY CROFT LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	Rt 1, Box 119, St. George Ave
24 CITY-ST-ZIP	Crozet, VA 22932
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 1/20/96 719 783-2935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/June/Phone

CR2E034 (12/95)