

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 24, 1999 8:00 am
Secretary of State

02-24-1999 90113 043 ***150.00

DOCUMENT # 549155

1. Corporation Name
BOICE FARMS, INC.

Principal Place of Business
C/O COMTECH PROPERTIES
9500 SATELLITE BLVD 160
ORLANDO FL 32837
US

Mailing Address
9862 COUNTY RD. 170
WESTCLIFFE CO 81252
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1977

4. FEI Number

59-1772667

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 Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 9862 County Rd 170

Suite, Apt. #, etc.

22

City & State

23 Westcliffe CO

Zip

24 81252 25 US

Country

29

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

27 Suite, Apt. #, etc.

28

City & State

29

Zip Country

30

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 607.0505, 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 PTD ☐ DELETE

NAME JACK, SUZANNE B
STREET ADDRESS 9862 COUNTY RD. 170
CITY-ST-ZIP WESTCLIFFE CO

TITLE V ☐ DELETE

NAME PHILLIPS, AUBREY S
STREET ADDRESS 5855 ST. GEORG AVE
CITY-ST-ZIP CROZET VA

TITLE V ☐ DELETE

NAME BOZARTH, STEPHEN J
STREET ADDRESS 800 N. MAGNOLIA AVE., #1500
CITY-ST-ZIP ORLANDO FL 32803

TITLE S ☐ DELETE

NAME JACK, WILLIAM I
STREET ADDRESS 9862 COUNTY RD. 170
CITY-ST-ZIP WESTCLIFFE CO

TITLE V ☐ DELETE

NAME LINTON, CRAIG JR
STREET ADDRESS 3584C S.W. QUAIL MEADOW TRAIL
CITY-ST-ZIP PALM CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 719 783-2935

Date

Daytime Phone #

CR2E034 (11/98)

0556360