

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90113 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>9862 County Rd 170</i> Suite, Apt. #, etc. 22	2a. Mailing Address Suite, Apt. #, etc. 27	23 <i>Westcliffe CO</i> City & State 28	29 <i>81252</i> Zip 30 <i>US</i> Country
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3. Date Incorporated or Qualified 10/14/1977	4. FEI Number 59-1772667	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK, SUZANNE B	1.2 NAME	
STREET ADDRESS	9862 COUNTY RD. 170	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTCLIFFE CO	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, AUBREY S	2.2 NAME	
STREET ADDRESS	5855 ST. GEORG AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CROZET VA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZARTH, STEPHEN J	3.2 NAME	
STREET ADDRESS	800 N. MAGNOLIA AVE., #1500	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK, WILLIAM I	4.2 NAME	
STREET ADDRESS	9862 COUNTY RD. 170	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTCLIFFE CO	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINTON, CRAIG JR	5.2 NAME	
STREET ADDRESS	3584C S.W. QUAIL MEADOW TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		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: *Suzanne B. Jack* **1/11/99** 719 783-2935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)