

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90262 041 ***550.00

0137943 AB

DOCUMENT # F00000003514

1. Entity Name

QUALITY FARM & FLEET, INC.

Principal Place of Business

**455 EAST ELLIS ROAD
 MUSKEGON MI 49443**

Mailing Address

**P.O BOX 3315
 MUSKEGON MI 49443**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3244519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

ENTERED

JUL 06 2001

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☒ Delete
 NAME **CHARLES DAVID BLISS**
 STREET ADDRESS **455 EAST ELLIS ROAD**
 CITY-ST-ZIP **MUSKEGON MI 49443**

TITLE **DVCF** ☒ Delete
 NAME **ALAN LEE FANSLER**
 STREET ADDRESS **455 EAST ELLIS ROAD**
 CITY-ST-ZIP **MUSKEGON MI 49443**

TITLE **DPCF** ☒ Delete
 NAME **JAMES THOMAS MCKITRICK**
 STREET ADDRESS **455 EAST ELLIS ROAD**
 CITY-ST-ZIP **MUSKEGON MI 49443**

TITLE **V** ☒ Delete
 NAME **JEFFREY ARTHUR STANTON**
 STREET ADDRESS **455 EAST ELLIS ROAD**
 CITY-ST-ZIP **MUSKEGON MI 49443**

TITLE **VCFO** ☒ Delete
 NAME **DENNY LYNN STARR**
 STREET ADDRESS **455 EAST ELLIS ROAD**
 CITY-ST-ZIP **MUSKEGON MI 49443**

TITLE **VP Human Resources** ☐ Delete
 NAME **TED GORDON BRITTON**
 STREET ADDRESS **455 EAST ELLIS ROAD**
 CITY-ST-ZIP **MUSKEGON MI 49443**

TITLE **Chairman of Board & CEO** ☐ Change ☒ Addition
 NAME **Jerry D. Horn**
 STREET ADDRESS **455 E. Ellis Rd**
 CITY-ST-ZIP **Muskegon, MI 49443**

TITLE **President & Chief Operating Officer** ☐ Change ☒ Addition
 NAME **William A. Wack**
 STREET ADDRESS **455 E. Ellis Rd**
 CITY-ST-ZIP **Muskegon, MI 49443**

TITLE **Thomas J. Reinbach** ☐ Change ☒ Addition
 NAME **Executive VP & CFO**
 STREET ADDRESS **455 E. Ellis Rd**
 CITY-ST-ZIP **Muskegon, MI 49443**

TITLE **DAVID J TUIT** ☐ Change ☒ Addition
 NAME **VP Controller**
 STREET ADDRESS **455 E. Ellis Rd**
 CITY-ST-ZIP **Muskegon, MI 49443**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-501

Date

231-798-8787

Daytime Phone #

CR2E034 (5/01)