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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 (3)DOCUMENT # J65724 QUAIL ROOST FARM, INC. Principal Place of Business Mailing Address 5652 JACK BRACK RD. ST. CLOUD FL 34771 5652 JACK BRACK RD. ST. CLOUD FL 34771

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Delra B. Worley Sec.

Country

9. Name and Address of Current Registered Agent

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2. Principal Place of Business

BENNETT, WIN

2303 NELA AVENUE

ORLANDO FL 32809

Suite, Apt. #, etc

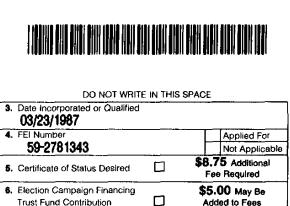
City & State

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Zip

FILED Feb 11 1998 8:00am Secretary of State



8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

1-5-98 407-894-8888

Zip Code

Personal Property Tax due June 30.

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

10. Name and Address of New Registered Agent

-	rgistored agent, or room, lit the acade of right in familiar with, and accept the obligations o	1, Section 607.0505, Flo	orida Statutes.			
SIGNATURE	Signature type 4 or printed name of registered agent and take	if applicable (NOTI	Ringistered Agent signature requ	ired when reinstating)	DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	DELETE	1.1 TITLE		Change	Addition
NAME	Worley, Debra B.		1.2 NAME			
STREET ADDRESS	5652 JACK BRACK ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. CLOUD FL		1.4 City-St-ZiP			
TITLE	P .	DETELE	2.1 TITLE		Change	Addition
NAME	WORLEY, CLAYTON L.		2.2 NAME			
STREET ADDRESS	5652 JACK BRACK ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. CLOUD FL		2. 4 CITY- ST-ZIP			
TITLE		☐ DETE LE	3 1 TITLE		Change	Addition
NAME (3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CiTY - ST - ZiP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS?			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-2IP			
TITLE		DELETE	6 1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			62 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			

6.4 CiTY - ST - ZiP 14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an altachment with an address

Debra B. Worley

Country

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83 84 City

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

Name

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