

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K58811
 1. Corporation Name Quietlove - RAR Holsteins, Inc
14895 NW 30th Terrace
Okeechobee, FL 34972

Principal Place of Business SAME Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <u>1-17-89</u>	3a. Date of Last Report <u>3-15-95</u>
21. Suite, Apt #, etc	26. Suite, Apt #, etc	4. FEI Number <u>650142251</u>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SUE ARNOLD 14895 NW 30th Ter Okeechobee FL 34972.		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 Sue Arnold SUE ARNOLD DATE 6-5-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>President</u> <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>SUE ARNOLD</u>	12. NAME	
STREET ADDRESS	<u>14895 NW 30th Ter</u>	13. STREET ADDRESS	
CITY - ST - ZIP	<u>Okeechobee, FL 34972</u>	14. CITY - ST - ZIP	
TITLE	<u>Tommy Rucks Jr</u> <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Tommy Rucks Jr</u>	22. NAME	
STREET ADDRESS	<u>2254 SW 24 Ave</u>	23. STREET ADDRESS	
CITY - ST - ZIP	<u>Okeechobee Fla 34974</u>	24. CITY - ST - ZIP	
TITLE	<u>Keith S Rucks</u> <input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Keith S Rucks</u>	32. NAME	
STREET ADDRESS	<u>2271 SW 22 circle N</u>	33. STREET ADDRESS	
CITY - ST - ZIP	<u>Okeechobee Florida 34974</u>	34. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	700001864417
CITY - ST - ZIP		54. CITY - ST - ZIP	-06/18/96--01009--016
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	***225.00
CITY - ST - ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sue Arnold SUE ARNOLD DATE 6-5-96 941-763-4630

CR2E034 (3/96)