FILED

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)								Apr 25, 2003 8:00 am				
DOCUMENT # P9300014676 1. Entity Name CIRCLE K FARM, INC.							Secretary of State 04-25-2003 90141 022 ***158.75					
Principal Place of Business P.O. BOX 130 MORRISTON FL 32668 US			Mailing Address C/O TSE INDUSTRIES. INC 4970 112TH TERRACE NORTH CLEARWATER FL 33762 US									
Suite, Apt. #, etc.			Suite, Apt. #, etc.									
City & State			City & State				A SELNIUM Per					
Zip Country		Zip		Country			5. C			\$8.75 Ad		
	-d Address of Cores A De						- N	and and Address of New St			ea	
6. Name al	na Address of Current He	gistered	Agent		Name		7. No	ame and Address of New Re	gistered A	gent		
DAVID .I					142.110							
4370 112TH TERRACE NORTH					Street Address (F			x Number is Not Acceptable)				
1161116 0010	_									1 72 0		
					City				FL	Zip Cod	de	
tions of register	red agent.			egistere	ed office or re	egistere	ed age	nt, or both, in the State of Flori	da. I am f	amiliar with	, and accept	
Signature, typed or	printed name of registered agent and	title if applica	ble. (NOTE:	: Registered	d Agent signature	required v	when rein	nstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
	OFFICERS AND DIF	RECTORS	<u> </u>	11.			ADE	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOF	RS IN 11	
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	MENT # The CFARM, IN The CFARM T	MENT # P93000 (FARM, INC. De of Business FL 32688 Place of Business #, etc. The Country	MENT # P93000014 (FARM, INC. De of Business	MENT # P93000014676 (FARM, INC. The of Business	MENT # P93000014676 RE FARM, INC. The of Business	MENT # P93000014676 (FARM, INC. The of Business	MENT # P93000014676 (FARM, INC. The of Business	MENT # P93000014676 (FARM, INC. De of Business C/O TSE INDUSTRIES. INC 4370 112TH TERRACE NORTH CLEARWATER FL 33762 IS COUNTRY Zip Country Zip Country Zip Country Street Address of Current Registered Agent Name DAVID J TH TERRACE NORTH HTER FL 33762 City Street Address of Current Registered Agent Name DAVID J TH TERRACE NORTH HTER FL 33762 City Speaule, hysed to printed name of registered agent and title if applicable. (MOTE Registered Agent significant required when rein FLE NOW!!! FEE IS \$150.00 R Payable to Floridad Department of State OFFICERS AND DIRECTORS THE TERRACE NORTH KLINGEL, ROBERT R SR 4370 112TH TERRACE N CLEARWATER FL 33762 TO CLEARWATER FL 33762 Delete TILE Delete TILE Delete TILE NAME SIREET ADDRESS CITY-ST-ZIP Delete TILE TILE NAME SIREET ADDRESS CITY-ST-ZIP Delete TILE TILE	Address C/O TSE ROUSTRIES. INC 479 1271 TERRACE NORTH CLEARWATER PL 33782 Use of Business #, etc. Suite, Apt. #, etc. CheCk HERE IF Country Zip Country 5-3164098 -6. Name and Address of Current Registered Agent Name Country Time Address of Current Registered Agent Name Country Street Address (P.O. Box Number is Not Acceptable) The TERRACE NORTH TERRACE NORTH THE FL 33762 City Indicate of Statement for the purpose of changing its registered office or registered agent, or both, in the State of Fortions of registered agent. Spreams typed to price furnish of registered Agent agent and life diagnitude. While Registered Agent agent are weaked within the state of Fortions of registered agent. While Registered Agent agent are weaked within the State of Fortions of registered agent. While Registered Agent agent are sequenced within the State of Fortions of registered agent. While Registered Agent agent and life diagnitude. While Registered Agent agent are sequenced within the State of Fortions of registered agent. While Registered Agent agent are sequenced within the State of Fortions of registered agent. While Registered Agent agent agent and life diagnitude. While Registered Agent agent agent agent and life diagnitude. While Registered Agent agen	A CAPAM, INC. A FARM, INC. A	MENT # P93000014676 (FARM, INC. a of Business Country Countr	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

445-2003 727-573-7676 Date Dayline Phone #