

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081147 (7)

1. Corporation Name

QUARTER CIRCLE B FARMS, INC.



Principal Place of Business

Mailing Address

1500 JACOBS ROAD
DELAND FL 32724

1500 JACOBS ROAD
DELAND FL 32724

3. Date Incorporated or Qualified

10/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3344091

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNER, RONALD L
1500 JACOBS ROAD
DELAND FL 32724

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME: BERNER, RONALD L
STREET ADDRESS: 1500 JACOBS ROAD
CITY-ST-ZIP: DELAND FL 32724

1.1 TITLE Change Addition

TITLE DELETE

NAME: BERNER, KAREN D
STREET ADDRESS: 1500 JACOBS ROAD
CITY-ST-ZIP: DELAND FL 32724

1.2 NAME

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.3 STREET ADDRESS

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.4 CITY-ST-ZIP

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

2.1 TITLE Change Addition

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

2.2 NAME

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Denise Berner Denise Berner 2-20-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)