

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED** 1-2

97 JUL 18 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**PROFIT CORPORATION ANNUAL REPORT 1997**

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: **1500 JACOBS ROAD DELAND FL 32724**  
Mailing Address: **1500 JACOBS ROAD DELAND FL 32724**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/19/1995</b>	3a. Date of Last Report <b>02/26/1996</b>
4. FEI Number <b>59-3344091</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

**9. Name and Address of Current Registered Agent**  
**BERNER, RONALD L**  
**1500 JACOBS ROAD**  
**DELAND FL 32724**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BERNER, RONALD L</b>
STREET ADDRESS	<b>1500 JACOBS ROAD</b>
CITY-ST-ZIP	<b>DELAND FL 32724</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BERNER, KAREN D</b>
STREET ADDRESS	<b>1500 JACOBS ROAD</b>
CITY-ST-ZIP	<b>DELAND FL 32724</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**400002247254--8**  
**-07/24/97--01121--003**  
**\*\*\*\*165.00 \*\*\*\*165.00**

14. I do 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 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. 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 if changed, or on an attachment with an address.


CR2E034 (4/97)

*Karen D Berner* *AD* *ADL127E ADL*

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PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K78708 (0)  
 1. Corporation Name  
 BERNER'S AUCTION, INC.



Principal Place of Business: C/O RONALD L. BERNER, 1500 JACOBS ROAD, DELAND FL 32724  
 Mailing Address: C/O RONALD L. BERNER, 1500 JACOBS ROAD, DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1989  
 3a. Date of Last Report: 02/26/1996

4. FEI Number: 59-2942802  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

2. Principal Place of Business  
 2a. Mailing Address

**BERNER'S AUCTION, INC.**  
 1500 Jacobs Road  
 DeLand, FL 32724  
 904/767-1844 • 904/738-0406

YON, INC. 1-93 8643  
 10-40  
 RD.  
 32724  
 0406

7-14 1975  
 of State \$165<sup>00</sup>/<sub>100</sub>  
 xty five 00/<sub>100</sub> DOLLARS

Denise Berner

11075131213440206095211

Please NOTE:  
 This is the  
 FIRST NOTICE WE  
 have received  
 ON BOTH CORPORATIONS

Denise Berner.

<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.1 TITLE	
	2.2 NAME	
	2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.1 TITLE	
	3.2 NAME	
	3.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.1 TITLE	
	4.2 NAME	
	4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.1 TITLE	
	5.2 NAME	
	5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.1 TITLE	
	6.2 NAME	
	6.3 STREET ADDRESS	
	6.4 CITY-ST-ZIP	

CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: Karen D. Berner  
 904-738-0406

CR2E034 (4/97)