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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000081147 (7)

## FILED Jan 21 1998 8:00am Secretary of State

QUARTER CIRCLE B FARMS, INC. Principal Place of Business Mailing Address 1500 JACOBS ROAD 1500 JACOBS ROAD DELAND FL 32724 DELAND FL 32724 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3344091 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BERNER, RONALD L 1500 JACOBS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32724 83 84 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) 12. OFFICERS AND DIRECTORS CR2E034 (10/97 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE \_\_\_ Change Addition BERNER, RONALD L NAME 1.2 NAME 1500 JACOBS ROAD STREET ADDRESS 1.3 STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE Change Addition BERNER, KAREN D NAME 2.2 NAME 1500 JACOBS ROAD STREET ADDRESS 2.3 STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP 2.4 CITY-ST-7/P DELETE TITLE \_\_ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE \_\_\_ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-Zip 6.4 CITY-ST-ZIP

14. 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 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 of director of the corporation or the receiver or susted empowered to exempt the property of the corporation or the receiver or susted empowered to exempt the property of the corporation of the corporation or the receiver or susted empowered to exempt the property of the corporation of the corporation

SIGNATURE:

1-60-98 904

904-738-0416