

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 AM 8:54

DOCUMENT # **539705** (4)

1. Corporation Name  
**QUAIL HOLLOW, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
7019 HWY 231  
RT 1 BOX 798-E  
PANAMA CITY FL 32404

Mailing Address  
7019 HWY 231  
RT 1 BOX 798-E  
PANAMA CITY FL 32404

3. Date Incorporated or Qualified  
**07/20/1977**

3a. Date of Last Report  
**03/29/1994**

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number  
**59-1869628**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

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

City & State  
23

City & State  
28

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip  
24

Country  
25

Zip  
29

Country  
30

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

9. Name and Address of Current Registered Agent  
**GARRETT, ARTHUR G.  
7019 HWY 231  
PANAMA CITY FL 32404**

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 **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LUBNOW, HAROLD A.
STREET ADDRESS	1918 DEWITT ST.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D
NAME	ANTHONY, J. CALVIN
STREET ADDRESS	1505 TYNDALL DRIVE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	SD
NAME	GARRETT, ARTHUR G.
STREET ADDRESS	ROUTE 1, BOX 798-E
CITY-ST-ZIP	PANAMA CITY FL
TITLE	TD
NAME	WALSH, GEORGE G.
STREET ADDRESS	1401 DEWITT
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D
NAME	GRAY, NOLAN K.
STREET ADDRESS	108 W. BALDWIN ROAD
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D
NAME	EVERITT, WILLIAM A.
STREET ADDRESS	1108 WEST 10TH ST.
CITY-ST-ZIP	PANAMA CITY FL

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	

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: Arthur G. Garrett **ARTHUR G. GARRETT** 1-25-95 904-763-8411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #