

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

59 NOV 24 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **539705**

1. Corporation Name

QUAIL HOLLOW, INC.

Handwritten: 7/1/99

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
1505 Tyndall Dr. Panama City, FL 32401		1505 Tyndall Dr. Panama City, FL 32401		3. Date Incorporated or Qualified	
2 Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	59-1869628	<input type="checkbox"/> Not Applicable		
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Arthur G. Garrett 403 Wood Trail Panama City, FL 32401		81 Name J. Calvin Anthony	
		82 Street Address (P.O. Box Number is Not Acceptable) 1505 Tyndall Dr.	
		83	
		84 City Panama City, FL 85 Zip Code 32401	

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: *J. Calvin Anthony Sec/Treas/Dir.* DATE: *11/18/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Dir. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold A. Lubnow	1.2 NAME	700003063767-5
STREET ADDRESS	1918 Dewitt St.	1.3 STREET ADDRESS	-12/08/99--01003--014
CITY-ST-ZIP	Panama City, FL 32401	1.4 CITY-ST-ZIP	****300.00 ****300.00
TITLE	Vice-Pres./Dir <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Calvin Anthony	2.2 NAME	Sec/Treas./Dir
STREET ADDRESS	1505 Tyndall Dr.	2.3 STREET ADDRESS	J. Calvin Anthony
CITY-ST-ZIP	Panama City, FL 32401	2.4 CITY-ST-ZIP	1505 Tyndall Dr. Panama City, FL 32401
TITLE	Sec/Dir <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur G. Garrett	3.2 NAME	Vice Pres/Dir
STREET ADDRESS	403 Wood Trail	3.3 STREET ADDRESS	Arthur G. Garrett
CITY-ST-ZIP	Panama City, FL 32405	3.4 CITY-ST-ZIP	403 Wood Trail Panama City, FL 32405
TITLE	Stockholder/Dir <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George G. Walsh	4.2 NAME	
STREET ADDRESS	1800 N. East Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Grove, FL 32405	4.4 CITY-ST-ZIP	
TITLE	Stockholder/Dir <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William A. Everitt	5.2 NAME	
STREET ADDRESS	5118 Deep Bayou Dr.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Panama City, FL 32404	5.4 CITY-ST-ZIP	
TITLE	Stockholder/Dir <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nolan K. Gray	6.2 NAME	
STREET ADDRESS	108 W. Baldwin	6.3 STREET ADDRESS	
CITY-ST-ZIP	Panama City, FL 32405	6.4 CITY-ST-ZIP	

Handwritten: 98-99 AK

Handwritten signature

14. I 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; 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, with all other like empowered.

SIGNATURE: *Arthur G. Garrett* DATE: *NOVEMBER 17, 1999* DAYTIME PHONE #: *850-913-0702*

CR2E034 (11/98)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 10, 1999

ARTHUR GARRETT
403 WOOD TRAIL
PANAMA CITY, FL 32405

79 201 E

SUBJECT: QUAIL HOLLOW, INC.
Ref. Number: 539705

Pursuant to our conversation of November 10, 1999, I am enclosing an annual report form for you to complete. Please send \$300.00 along with the completed application and a letter stating that you did not receive the annual reports in 1998, and that you are asking us to waive any penalty fees. If it is accepted, please note that it is a one time waiver fee only. Each year a corporation is due an annual report by May 1.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Michelle Milligan
Document Specialist

Letter Number: 199A00054282

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Nov 13, 1999

WE DID NOT RECEIVE THE ANNUAL REPORTS IN 1998 AND 1999. THEY WERE APPARENTLY MAILED TO AN INCORRECT ADDRESS. \$300 Check is attached. Thank

You!

*Arthur H. Garrett
Secretary - Treasurer VICE PRES.
Quail Hollow, Inc.*