FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **693615** **(7)**

1. Corporation Name

TALQUIN DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
% FRY, PAULINE M. ONE PROGRESS PLAZA P.O. BOX 33042 ST PETERSBURG FL 33701	%FRY PAULIN M. ONE PROGRESS PLAZA P.O.BOX 33042 STE.2600 ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/08/1981**
3a. Date of Last Report: **03/25/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **59-2112135** ☐ 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

FRY, PAULINE M.
ONE PROGRESS PLAZA
SUITE 2600
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	WILSON, THOMAS D	12 NAME		
STREET ADDRESS	ONE PROGRESS PLAZA	13 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP		
TITLE	DC	21 TITLE	400001448914	☐ Change ☐ Addition
NAME	RICHARDSON, JOSEPH H.	22 NAME	-04/06/95--01025--016	
STREET ADDRESS	3201 34TH ST. S.	23 STREET ADDRESS	****200.00 ****200.00	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	24 CITY-ST-ZIP		
TITLE	DT	31 TITLE	D	☒ Change ☐ Addition
NAME	HEINICKA, JEFFREY R.	32 NAME		
STREET ADDRESS	3201 34TH STREET SO.	33 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP		
TITLE	DP	41 TITLE		☐ Change ☐ Addition
NAME	LECLAIR, DARRYL A.	42 NAME		
STREET ADDRESS	ONE PROGRESS PLAZA	43 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP		
TITLE	CAT	51 TITLE		☐ Change ☐ Addition
NAME	HOBBS, JAMES R	52 NAME		
STREET ADDRESS	ONE PROGRESS PLAZA	53 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP		
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	HALEY, KATHLEEN M.	62 NAME		
STREET ADDRESS	ONE PROGRESS PLAZA	63 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	64 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)(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.

SIGNATURE: Kathleen M. Haley KATHLEEN M. HALEY, SECRETARY 3/31/95 (813) 824-6531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0309807 CP