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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 761109

(8)

DAIDED	QUARTERBACK	CHIR	INC.
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NAIDEN	QUAITERBACK OLOD, W								:
Principal Place o	f Business	Mailing Address		ĺ	1 Idditt iddia dila. mas. mas.				
220 RAIDER RO	DAD	220 RAIDER ROAD		l					
P.O. BOX 560012 ROCKLEDGE FL 32956-7012		P.O. BOX 560012 ROCKLEDGE FL 32956-0012			3. Date incorporated or Qualified	3a. Date of	Last Rep	port	
		บร			12/14/1981	04/	27/199		
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number			olied For Applicable	
21		26	<u> </u>		59-2866846	•	8.75 A		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Red		
22		City & State			6. Election Campaign Financing		\$5.00	May Be	
City & State		28			Trust Fund Contribution		Added to		
Z (p	Country	Zip	Country		8. This corporation has liability for i	ntangible tax ur	ider s. 19	9.032,	
24	25	29	30		Florida Statutes L 10. Name and Address of New R	Yes X No	nt		
	9. Name and Address of Curren	t Registered Agent	B1 N	Name 1	10. Name and Address of New T	egistorea rige			
			1 1	Н	ARRY E. MARI	110			l
SEAVEY,	LINDA M.		82	Street Addre	S (P.O. Box Number is Not Acceptab	le)			Į.
910 BEA	verdale LN		63		Jerresterrette	DRIVE			1
ROCKLE	DGE FL 32955			863	HONEYSUCKLE	DEIVE	5 35 Zip_0	ode .	ł
			1 1	City POC	KLEPGE	FLI	32	955	ļ
	Also are injure of Sections 617 050	2 and 617,1508, Florida Statu	tes, the above-nar			rpose of changi			1
or register	ed agent, or both, in the State of Flori	ida Such change was author	ized by the corpora	ation's board				90	
	h, and accept the obligations of Sec	In The State of th				4-24-9	16_		
SIGNATURE _	Signature, specific printed gains of registered ages	in garda disease of spiral and a	IO"E Registered Agent's	ignature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE LICERS AND D	RECTOR	S IN 12	18
12.	OFFICERS AN	ND DIRECTORS	13.	lΩr	mr. Auger are to the contract of the contract	П	Change	Addition	CR2E037 (12/95)
TITLE	PD	₩ 0ELETE	1.1 TITLE 1.2 NAME	PL	ARTIN, HARRY E.			7	37
NAME	SEAVEY, LINDA M.		1.3 STREET AL	nnorse CI	2 HOWEVSUCKLE OF				
STREE! ADDRESS	910 BEAVERDALE LANE		1.3 SINCE FAI	7/P 0/	CKLEDGE FL 32	955			18
CITY - ST - ZIP	ROCKLEDGE FL	DELETE	2 1 TITUE	VO			Change	Addition	10
TITLE	VD DOCC DONALD I	7	2 2 NAME	ST	EPHENSON, SUSAN			•	
NAME	ROSS, DONALD L. 995 PINELAND DR		2 3 STHEFT A	DDRESS 10	26 CORUNADO OR-				
STREET ADDRESS	ROCKLEDGE FL		2 4 C:TY-ST	-ZIP 12(OCKLEDGE FL 329	<u>55</u>	Change	Addition	4
CITY-ST-ZIP	SD SD	₹ DELETE	3 1 TI' LE	St) 	IJ	Change	Addition	1
NAME	BERRY, JO ANNE	•	3.2 NAME	M	IARTIN, JULIA A. 03 HONEYSUCKLE P	e.			
STREET ADDRESS	1028 WOODSMERE PKWY		33 STREET A	ADDRESS 80	OCKLEDGE FL 329	755			
CITY-ST-ZIP	ROCKLEDGE FL	SAR FOR	3.4. C(TY-S)		- 10 1	,	Change	Addition	7
TITLE	TD	☆) DELEIF	4 1 TITLE 4, 2 NAME	TI	OTTS, RICHARD		=	1	1
NAME	LEIB, DEBRA		4.2 NAME 4.3 STREET	Annoses 12	12 CAKLEDGE DR.				
STREET ADDRESS	987 BOXFORD LN		4.3 S-REC 1 7	1-7IP	OCKLEDGE FL 3:	2955_			_
CITY - ST - ZIP	ROCKLEDGE FL	DELETE	517 TLE		· · · · · · · · · · · · · · · · · · ·] Change	☐ Addition	ĺ
TITLE		<u></u>	5.2 NAME	ļ					-
NAME CIOCET ADDRESC			53 STREET	ADDRESS					1
STREET ADDRESS			5 4 CITY-S	1 - ZIP			Change	Addition	\dashv
CITY-ST-2IP TITLE		DELETE	6 1 T-TLF			L] Change	Munition	1
NAME			6.2 NAME	-					1
STREET ADDRESS			6 3 STREET	ADORESS					

64 (ITY-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)(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 certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 16 if changed, or on an attachment with an appliess.

SIGNATURE:

SIGNATURE:

Hamy E. Mutti SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Havry E. Martin

4-24-96 407-861-4678