

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:11

DOCUMENT # N00858 (3)

1. Corporation Name
QUAIL RUN HEIGHTS, INC.

Principal Place of Business Mailing Address
C/O 1811 FIFTH AVE. C/O 1811 FIFTH AVE.
SEBRING FL 33872 SEBRING FL 33872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/11/1984** 3a. Date of Last Report **03/24/1994**
4. FEI Number **59-2870755** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1805 FIFTH AVENUE** 26 **1805 FIFTH AVENUE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State **SEBRING FL** 27 City & State **SEBRING FL**
24 **33872** 25 **Highlands** 29 **33872** 30 **Highlands**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.035, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STALDER, KATHRYN M.
1811 FIFTH AVE.
SEBRING FL 33872

81 Name **Duane J. Sugg**
82 Street Address (P.O. Box Number is Not Acceptable) **1805 FIFTH AVENUE**
83
84 City **SEBRING** FL 85 Zip Code **33872**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 617.0503, Florida Statutes.

SIGNATURE: *Duane J. Sugg*
Signature typed or printed name of registered agent

Duane J. Sugg
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|------------------|
| TITLE | PD |
| NAME | STALDER, KATHRYN |
| STREET ADDRESS | 1811 FIFTH AVE. |
| CITY - ST - ZIP | SEBRING FL |
| TITLE | VTD |
| NAME | STOKES, EILEEN |
| STREET ADDRESS | 1817 FIFTH AVE. |
| CITY - ST - ZIP | SEBRING FL |
| TITLE | SD |
| NAME | SMITH, THELMA |
| STREET ADDRESS | 1803 FIFTH AVE. |
| CITY - ST - ZIP | SEBRING FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | | |
|---------------------|--------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Duane J. Sugg | |
| 1.3 STREET ADDRESS | 1805 FIFTH AVENUE | |
| 1.4 CITY - ST - ZIP | SEBRING, FL 33872 | |
| 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 | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | KATHRYN M. STALDER | |
| 3.3 STREET ADDRESS | 1811 FIFTH AVENUE | |
| 3.4 CITY - ST - ZIP | SEBRING, FL 33872 | |
| 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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Duane J. Sugg* Duane J. Sugg 6/9/95 941-385-0112
Signature typed or printed name of signing officer or director (Date) (Telephone #)

CR2E037 (3/95)