

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90124 006 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N00858**  
 1. Corporation Name  
**QUAIL RUN HEIGHTS, INC.**

Principal Place of Business: C/O 1805 5TH AVE SEBRING FL 33872 US  
 Mailing Address: C/O 1805 5TH AVE SEBRING FL 33872 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/11/1984
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2870755
24 Country	29 Country	Applied For
	30 Country	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
SUGG, DUANE J 1805 5TH AVE SEBRING FL 33872		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 617.0502 and 617.1508, 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 617.0503, 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUGG, DUANE J	1.2 NAME	
STREET ADDRESS	1805 5TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOKES, EILEEN	2.2 NAME	HERB WINSTEAD
STREET ADDRESS	1817 FIFTH AVE.	2.3 STREET ADDRESS	1803 5TH AVENUE
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	SEBRING, FL 33872
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALDER, KATHRYN M	3.2 NAME	KATHRYN M. STALDER
STREET ADDRESS	1811 5TH AVE	3.3 STREET ADDRESS	1811 5TH AVENUE
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	SEBRING, FL 33872
TITLE	SECRETARY <input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITA ANNE SUGG	4.2 NAME	RITA ANNE SUGG
STREET ADDRESS	1805 FIFTH AVENUE	4.3 STREET ADDRESS	1805 FIFTH AVENUE
CITY-ST-ZIP	SEBRING, FL 33872	4.4 CITY-ST-ZIP	SEBRING, FL 33872
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 2/17/99  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR OR DIRECTOR

CRZE037 (1/198)