

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

FILED
Feb 01, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000073631

02-01-1999 90021 015 ****150.00

1. Corporation Name
 COTTON & QUAIL ENTERPRISES, INC.



Principal Place of Business
 205 EAST WASHINGTON STREET
 MONTICELLO FL 32344

Mailing Address
 150 W. BRAMBLETON AVE
 NORFOLK VA 23510
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 10/25/1993

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-3240110 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARS, RICHARD F.	1.2 NAME	
STREET ADDRESS	150 W. BRAMBLETON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, PRESTON	2.2 NAME	
STREET ADDRESS	150 W. BRAMBLETON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, LOUIS F.	3.2 NAME	
STREET ADDRESS	150 W. BRAMBLETON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SUSAN D.	4.2 NAME	
STREET ADDRESS	150 W. BRAMBLETON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, JOHN O.	5.2 NAME	
STREET ADDRESS	150 W. BRAMBLETON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, RICHARD F. I	6.2 NAME	
STREET ADDRESS	150 W. BRAMBLETON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	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 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: Susan D. Smith E Susan D. Smith 1/11/99 757-446-2013
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)