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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700008699

1. Corporation Name

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90201 006 ***150.00

QUILTER	RS CORNER, INC.										
Principal Place of Business Mailing Address						-	1141 00 411 00 114 6 1	NAT INTO PERSO	[B410 1#16 1001		
12715-5 MCGREGOR BLVD. 12715-5 MCGREGOR BLVD. FORT MYERS FL 33919 FORT MYERS FL 33919							DO NOT WRI	TE IN THIC (SPACE		
							3. Date Incorporated or Qualifed	12 11 1110	JI ACE		
			,				01/23/1997				
2 Principal Pl	lace of Rusiness	2a.	Mailing Address				4. FEI Number		Ap	plied For	
2. Principal Place of Business		-	26				65-0679399		j	t Applicable	
Suite, Apt.	#. etc.	20	Suite, Apt. #, etc.						\$8.75 A	dditional -	
22	م د سه د د دانشرا	27	#= ' '	`			5. Certifcate of Status Desired		Fee Re	quired	
City & State	e		City & State				6. Election Campaign Financing		\$5.00	Мау Ве	
23		28					Trust Fund Contribution		Added to	o Fees	
Zip	Country		Zip	_	untry		8. This corporation owes the curr				
24	25	29		30			Personal Property Tax.			□No	
	9. Name and Address of Curr	rent Regist	tered Agent		81	Name	10. Name and Address of New I	<u> Kegistered A</u>	vgent	_	
ווחמ	LAR, KATHLEEN				91	Name					
	CALOOSA VISTA			•	82	Street Addre	ess (P.O. Box Number is Not Accept	able)			
	T MYERS FL 33901				83	<u> </u>					
1011					83						
	·				84	City		FL	85 Zip C	Code	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the obli	ite of Horid:	a. Such change wa	is allinonzed	חז עס ס	named corpo ne corporation	oration submits this statement for the n's board of directors. I hereby acce	purpose of o pt the appoin	tment as req	registered gistered	
SIGNATURE					tutes.						٠.
SIGNATURE	Signature, typed or printed name of registered a	agent and title if	f applicable. (N	OTE: Registered	tutes. d Agent s	signature required		DATE	DIRECTO		, (a)
SIGNATURE	Signature, typed or printed name of registered a	agent and title if	f applicable. (N	OTE: Registered	d Agent s	signature required	when reinstating) ADDITIONS/CHANGES TO OF			RS IN 12	11/06/
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A	agent and title if	f applicable. (N	Registered 13.	d Agent s	signature required			D DIRECTO		(44/08)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A	agent and title if	f applicable. (N	13. 1.1 TI 1.2 N	d Agent s						(44/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A PD MCCALL, ROY 1373 STADLER DR	agent and title if	f applicable. (N	OTE: Registered 13. 1.1 TI 1.2 N/ 1.3 ST	d Agent s ITLE IAME	DORESS					, (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A PD MCCALL, ROY 1373 STADLER DR FORT MYERS FL 33901	agent and title if	of applicable. (N CTORS DELETE	13. 1.1 Π 1.2 N 1.3 ST 1.4 CF	IULE ITLE IAME ITREET A	DORESS					CD2E034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A PD MCCALL, ROY 1373 STADLER DR FORT MYERS FL-33901	agent and title if	f applicable. (N	13. 1.1 Π 1.2 N 1.3 ST 1.4 CF	ITLE AME TREET A	DORESS			Change	☐ Addition	CD2E024 (41/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PD MCCALL, ROY 1373 STADLER DR FORT MYERS FL 33901 STD MCCALL, JUDITH	agent and title if	of applicable. (N CTORS DELETE	OTE: Registered 13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV	ITLE IAME ITY-ST-2 ITLE	DDRESS ZIP			Change	☐ Addition	CD2E024 (41/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MCCALL, ROY— 1373 STADLER DR FORT MYERS FL-33901 STD MCCALL, JUDITH 1373 STADLER DR	agent and title if	of applicable. (N CTORS DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST	ITLE AME TREET A	DORESS ZIP			Change	☐ Addition	CD2E024 (41/08)
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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 of on an attachment with an address, with all other like empowered.

SIGNATURE: