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

PROFIT CORPORATION ANNUAL REPORT 1997 COLQUITT INC -

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 288348

(6)

FILED May 13 1997 8:00am Secretary of State

Principal Place of Business 610 S. ORLEANS AVE. TAMPA FL 33006	Mailing Address 810 S. ORLEANS AVE. TAMPA FL 33606-2939			
			3. Date Incorporated or Qualifi 12/31/1964	ied 3a. Date of Last Report 05/17/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.	Suite, Apt #, etc.	· · · · · · · · · · · · · · · · · · ·	59-1108420	Not Applicable
22	27 Suile, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financin	
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country		for intangible tax under s. 199.032,
24 25 9, Name and Address of Current	Pegletored Agent	30	Florida Statutes 10. Name and Address of Nev	Yes No
WATSON, ANSLEY JR.	negistered Agent	B1 Name	10. Name and Address of Nev	v Hegistered Agent
111 E. MADISON ST.				
TAMPA FL 33602		82 Street Ad	dress (P.O. Box Number is Not Acce	ptable)
		83		
		84 City		85 Zip Code
		1		FL '
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligat SIGNATURE Signature typed or protect need of the section of t		authorized by the corpor prida Statutes.		ccept the appointment as registered
12. OF FICE HS AND		13.		FFICERS AND DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 Tille		Change Addition
NAME WATSON, CHARLES P.		1.2 NAME		[:
STREET ADDRESS 810 S. ORLEANS AVE.		1.3 STREET ADDRESS		
CHY-ST-ZIP TAMPA, FL 00000	DOLETE	14 CITY-SI - 7IP		
TITLE VCD NAME WATSON, ANSLEY	☐ DELETE	2.1 TITLE		Change Addition
STREET ADDRESS WATSUN, ANSLET 935 FRANKLAND RD.		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL		2.4 City-S1-7IP		
TITLE VSD	DELETE	3 1 TITLE		Change Addition
NAME WATSON, ANSLEY JR.		3.2 NAME		
STREET ADDRESS 111 E. MADISON ST.		33 STREET ADDRESS		
CITY-ST-ZIP TAMPA, FL 00000		3 4. CITY - ST - ZIP		
TITLE CD	☐ DELETE	4.1 TITLE		Change Additron
NAME WATSON, JANE P.		. 4. 2 NAME		
STREET ADDRESS 935 FRANKLAND RD CITY-ST-7IP TAMPA FL		4.3 STREET ADORESS		
CITY-ST-ZIP TAMPA PL	DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME	יין טנננונ	5 1 11TcE 5 2 NAME		Change Addition
STREET ADDRESS		5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		G.3 STREET ADDRESS		į
CITY-ST-ZIP		6.4 CITY - S1 - ZIP		

I do 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 31 changed, or eq an attachment with an address.