

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 288756 (0)

1. Corporation Name
QUAIL RUN, INC.



Principal Place of Business

2445 EBER BLVD.
MELBOURNE FL 32904

Mailing Address

2445 EBER BLVD.
MELBOURNE FL 32904

3. Date Incorporated or Qualified 01/14/1965	3a. Date of Last Report 01/26/1995
4. FET Number 59-1118030	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE
1825 S. RIVERVIEW DR
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name John R. Kancilia
82 Street Address (P.O. Box Number is Not Acceptable) 516 N. Harbor City Blvd.
83
84 City Melbourne
FL 85 Zip Code 32935

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 is: *[Signature]*

(NOTE: Registered Agent signature required when reappointing)

DATE

1-25-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	RYALL, ROGER	1.2 NAME	
STREET ADDRESS	2445 EBER BLVD	1.3 STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE FL	1.4 CITY- ST- ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	RYALL, BOBBIE	2.2 NAME	
STREET ADDRESS	2445 EBER BLVD	2.3 STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE FL	2.4 CITY- ST- ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 119.07(3)(k), 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.

SIGNATURE:

[Signature]

Roger K. Ryall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

407-984-0786

Daytime Phone #

CR2E034 (12/95)