

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 12:52

DOCUMENT # 289440 (0)

1. Corporation Name
R. M. QUIGG, INC.

Principal Place of Business Mailing Address
7305 S W 42ND TERRACE 7305 S W 42ND TERRACE
MIAMI FL 33155 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1965 3a. Date of Last Report 01/25/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1091368	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	☐	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	☐
Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No
24	25	29	30

9. Name and Address of Current Registered Agent

TALKINGTON, DONALD L
6048 S W 86TH STREET
MIAMI, FLORIDA
33143

10. Name and Address of New Registered Agent

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 of position)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	TALKINGTON, VIRGINIA	1.2 NAME	
STREET ADDRESS	7305 S W 42ND TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	TALKINGTON, DONALD L	2.2 NAME	
STREET ADDRESS	7305 S W 42ND TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	TALKINGTON, ORAN B	3.2 NAME	
STREET ADDRESS	7305 S W 42ND TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 110.07(3)(g), 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: *Oran B. Talkington* ORAN B. TALKINGTON

1-12-95 (305) 264-8768