FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **343238** **(2)**

1. Corporation Name
QUALITY REALTY OF GAINESVILLE INC

Principal Place of Business	Mailing Address
~~3605 NW 38 STR~~ ~~GAINESVILLE FL 32606~~ ~~US~~	~~3605 NW 38 STR~~ ~~GAINESVILLE FL 32606~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/19/1969**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business
21 **21454 N.E. 111 AVE**
Suite, Apt. #, etc. 22
City & State 23 **EARLETON, FL**
Zip 24 **32631** Country 25 **USA**

2a. Mailing Address
26 **P.O. BOX 565**
Suite, Apt. #, etc. 27
City & State 28 **EARLETON, FL**
Zip 29 **32631** Country 30 **USA**

4. FEI Number: **59-1275149** ☐ 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

9. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WALKER, SHARON
~~3605 NW 38 STR~~
~~GAINESVILLE FL 32606~~

10. Name and Address of New Registered Agent

81 Name **WALKER SHARON**
82 Street Address (P.O. Box Number is Not Acceptable) **21454 N.E. 111 AVE**
83
84 City **EARLETON** **FL** 85 Zip Code **32631**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	WALKER, HAROLD E	12 NAME	WALKER, HAROLD E	
STREET ADDRESS	~~9005 NW 38TH ST~~	13 STREET ADDRESS	21454 N.E. 111 AVE	
CITY-ST-ZIP	~~GAINESVILLE, FL 00000~~	14 CITY-ST-ZIP	EARLETON, FL 32631	
TITLE	P	21 TITLE	P	☒ Change ☐ Addition
NAME	WALKER, SHARON	22 NAME	WALKER, SHARON	
STREET ADDRESS	~~3605 NW 38 STR~~	23 STREET ADDRESS	21454 NE 111 AVE	
CITY-ST-ZIP	~~GAINESVILLE FL~~	24 CITY-ST-ZIP	EARLETON, FL 32631	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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.

904-468-1984

SIGNATURE: sharon walker SHARON WALKER 4-25-95 ~~4-68-~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003704 CP