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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

27423 SR 54 W



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 399443

(1)

Mailing Address
P. O. BOX 7243

QUAIL HOLLOW PINES, INC.

2. Principal Place of Business 2a Mailing Address 4. FEI Number Sp-1403761 Not Applicable Suite, Apt. #, etc. Suite, Apt	WESLEY CHA US	PEL FL 33543	WESLEY CHAPEL FL & US	3543-7243			Date incorporated or Qualified 04/18/1972	L	e of Last I		
Suite, Apt #, etc. City & State Country 8. This condication of status Desired Trust Fund Contribution Trust Fund Contribution Address of Current Registered Agent 10. Name and Address of New Registered Agent REIBER, JACOB 27429 STATE RD. 54 W. WESLEY CHAPEL FL 33543 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sactions 607 050? and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Agent of the chigations of, Sactions of, Socion change was surhorized by the corporation's board of directors. I hereby accept the appointment as registered Signal. Signalur, typind or proving name of registered special and state if applicable point of, Sactions of, Sactions of, Socion Cycos, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered special and state in a pull of the corporation's board of directors. I hereby accept the applications of, Sactions of, Socion Cycos, Florida Statutes, the above-named corporation's board of directors. I hereby accept the applications of, Sactions of, Socion Cycos, Florida Statutes Signalur, Interpret or purpose of changing its registered agent and accept application of, Sactions of, Socion Cycos, Florida Statutes, the above-named corporation's board of directors. I hereby accept the application of Sactions of, Sactions of, Socion Cycos, Florid	9 Premitted Plane of Pusinese 9a Mailine Address					······································		05/01/1996			
Suite, Api #, etc. 2 2 27 Suite, Api #, etc. 2 2 27 City & State 3 City & State 3 City & State 4 City Country 5 Country 7 Country 7 Country 8 This corporation has liability for Intangible law under s. 199 032, 190 / No 9 Name and Address of Current Registered Agent 10 Name and Address of New Registered Agent REIBER, IACOB 27429 STATE RD. 54 W. WESLEY CHAPEL FL 33543 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607. 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The infaniliar with, and accept the obligations of, Section 607, 0505. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The infaniliar with, and accept the obligations of, Section 607, 0505. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The infaniliar with, and accept the obligations of, Section 607, 0505. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The infaniliar with, and accept the obligations of, Section 607, 0505. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In the infaniliar with, and accept the obligations of, Section 607, 0505. Fiorida Statutes. SIGNATURE 10							\ · · · · · · · · · · · · · · · · · ·				
27 27 28 30 30 30 30 30 30 30 3								60 7E Addition of			
City & State City & State							5. Certificate of Status Desired				
Zip Country Zip Country Zip Country 8. This corporation has liability for inlargible tax under s. 199.032, Florida Statutes Yes No. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent REIBER, JACOB 27429 STATE RD. 54 W. WESLEY CHAPEL FL 33543 84 City FL 85 Zip Code						······································	6. Election Campaign Financing \$5.00 Ms				
Country Zip Country Zip Country Zip School School Country Zip School Zip	23		28								
9. Name and Address of Current Registered Agent REIBER, JACOB 27429 STATE RD. 54 W. WESLEY CHAPEL FL 33543 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 agent. I am familiar with, and accopt the obligations of, Section 607,0505, Florida Statutes. Signature: Spread or profiled name of registered agent and title if applicable (NOTE: Registered Agent algrenture required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD		Country	Zip	Cou	ıntry		8. This corporation has liability for li	ntangible i	ax under	s. 199.032,	
REIBER, JACOB 27429 STATE RD. 54 W. WESLEY CHAPEL FL 33543 84 City FL 85 Sireet Address (P.O. Box Number is Not Acceptable) 85 Sireet Address (P.O. Box Number is Not Acceptable) 86 Sireet Address (P.O. Box Number is Not Acceptable) 87 Sireet Address (P.O. Box Number is Not Acceptable) 88 Sireet Address (P.O. Box Number is Not Acceptable) 89 Sireet Address (P.O. Box Number is Not Acceptable) 80 Sireet Address (P.O. Box Number is Not Acceptable) 81 Sireet Address (P.O. Box Number is Not Acceptable) 82 Sireet Address (P.O. Box Number is Not Acceptable) 83 Sireet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Sireet Address (P.O. Box Number is Not Acceptable) 86 Sireet Address (P.O. Box Number is Not Acceptable) 87 Sireet Address (P.O. Box Number is Not Acceptable) 88 Sireet Address (P.O. Box Number is Not Acceptable) 89 Sireet Address (P.O. Box Number is Not Acceptable) 80 Sireet Address (P.O. Box Number is Not Acceptable) 81 Sireet Address (P.O. Box Number is Not Acceptable) 82 Sireet Address (P.O. Box Number is Not Acceptable) 83 Sireet Address (P.O. Box Number is Not Acceptable) 84 City 95 City Sireet Address (P.O. Box Number is Not Acceptable) 85 Sireet Address (P.O. Box Number is Not Acceptable) 86 Sireet Address (P.O. Box Number is Not Acceptable) 86 Sireet Address (P.O. Box Number is Not Acceptable) 87 Sireet Address (P.O. Box Number is Not Acceptable) 88 Sireet Address (P.O. Box Number is Not Acceptable) 89 Sireet Address (P.O. Box Number is Not Acceptable) 80 Sireet Address (P.O. Box Number is Not Acceptable) 80 Sireet Address (P.O. Box Number is Not Acceptable) 81 Sireet Address (P.O. Box Number is Not Acceptable) 82 Sireet Address (P.O. Box Number is Not Acceptable) 84 City Sireet Address (P.O. Box Number is Not Acceptable) 85 Sireet Address (P.O. Box Number is Not Acceptable) 86 Sireet Address (P.O. Box Number is Not Acceptable) 87 Sireet Address (P.O. Box Number is Not Acceptable) 88 Sireet Address (P.O. Box Number is Not Acceptable) 89 Si	24	25	29	30			Florida Statutes	Yes 🗀] No		
27429 STATE RD. 54 W. WESLEY CHAPEL FL 33543 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 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 and fine if applicable Signature. typed or prefed name of registered agent and fine if applicable Signature. typed or prefed name of registered agent and fine if applicable NOTE Registered Agent algenture required when reinstating) DATE 12. OFFICERS AND DIRECTORS II 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IIILE PD DELETE 1.1 TITLE Change Addition and the provided in the provision of the purpose of changing its registered agent agent and fine if applicable International provided when reinstating) DATE 12. OFFICERS AND DIRECTORS II 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IIILE PD DELETE 1.1 TITLE Change Addition and the provided when reinstating International provi		9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	istered A	gent		
27429 \$TATE RD. 54 W. WESLEY CHAPEL FL 33543 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, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent arm familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent arm familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent arm familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent arm familiar with, and acceptable Investment of the purpose of changing its registered agent agent are statement for the purpose of changing its registered agent agent zero agent Investment as registered agent agent are statement for the purpose of changing its registered agent agent Investment agent zero Investment Invest	REI	IBER, JACOB			81	Name					
WESLEY CHAPEL FL 33543 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 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, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes SiGNATURE Signature: typed or provided name of registered agent and title if applicable INOTE Registered Agent alphature required when reinstating) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE NAME MANETTI, MARIO J. 1.2 MAME SIREET ADDRESS LITTLE V DELETE 1.4 CITY-ST-ZIP WELROSE IL 1.4 CITY-ST-ZIP Change Addition Addition Addition Addition Change Addition Addition Change Addition Addition Addition Addition Addition Addition AMME MANETTI, FRED P. DELETE 3.1 TITLE Change Addition Change Addition AMME MANETTI, FRED P. 3.2 NAME					82 Street Address (P.O. Box Number is Not Acceptable)						
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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or profiled name of registered agent and tice if applicable [NOTE Registered Agent algenture required when reinstating] DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IIILE PD MANETTI, MARIO J. 1.2 NAME MANETTI, MARIO J. 1.3 STREET ADDRESS I190 CARSON DR MELROSE IL 1.1 TITLE Change Addition Addition NAME HABERIAND, CARLA C 22 NAME SIRRET ADDRESS CITY-SI-ZIP HILE DS DELETE 3.1 TITLE Change Addition Change Addition Addition Addition Change Addition Addition Addition Addition Addition Addition Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND	WESLEY CHAPEL FL 33543										
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signamer, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITHE PD DELETE 1.1 TITLE MANETTI, MARIO J. 1.2 MAME SIREET ADDRESS CITY-ST-ZIP HILE DS DELETE 3.1 MITLE Change Addition Addition Change Addition Addition Addition Change Addition Change Addition Addition Addition Change Addition Addition AMME MANETTI, FRED P. DELETE 3.1 MITLE DS Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition											
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signamer, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITHE PD DELETE 1.1 TITLE MANETTI, MARIO J. 1.2 MAME SIREET ADDRESS CITY-ST-ZIP HILE DS DELETE 3.1 MITLE Change Addition Addition Change Addition Addition Addition Change Addition Change Addition Addition Addition Change Addition Addition AMME MANETTI, FRED P. DELETE 3.1 MITLE DS Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition						City			as Zin	Code	
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 Statules. SIGNATURE Signature: typed or printed name of registered agent and title if applicable INOTE: Registered Agent algoritume required when reinstating) DATE						Ony		FL	100	70000	
Styretive: typed or profiled name of registered agent and title it applicable (INOTE: Registered Agent alignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD	11. Pursuant office or agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	502 and 607.1508, Florida State of Florida State of Florida Such change was gations of, Section 607.0505,	tutes, the al is authorize Florida Stat	bove d by tutes.	-named corp the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of the appo	changing intment a	its registered s registered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	City and a trend or mailed make of contitored a	(A) eldenlens if a tit has been	MTF: Paristore	d Anor	at sinnel we requi	ired when vainetalized	DATE			
DELETE	12.	/				n o pratare requi			DIRECTO	RS IN 12	
MANETTI, MARIO J. 1.2 NAME 1.3 STREET ADDRESS 1.5 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE	·			TLE						
1190 CARSON DR	NAME	1 7 -		1.2 N	AME	1			•		
CITY-ST-ZIP MELROSE IL						ADORESS					
TITLE V DELETÉ 21 TITLE Change Addition NAME HABERLAND, CARLA C 22 NAME				140	ITY-ST	-7IP					
NAME	TITLE		DELETE						Change	☐ Addition	
23 STREET ADDRESS 4744 TAMPA DOWNS BLVD 23 STREET ADDRESS	NAME	HARFRIAND CARLA C		2.2 N	AME				-		
Cotty-St-ZIP LUTZ FL 2.4 City-St-ZIP TITLE DS DELETE 3.1 Title				235	TREFT	ADORESS					
TITLE DS DELETE 3.1 TITLE Change Addition NAME MANETTI, FRED P. 32 NAME											
NAME MANETTI, FRED P. 32 NAME	HITE		☐ DELETE			. 20			Change	☐ Addition	
	,					}					
STREET ADDRESS 1190 CARSON DR	STREET ADDRESS	4444 0 100011 00				annacec					

6.4 CITY-SI-7IP

14. If 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 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 DILE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

MELROSE IL

(101/W.C. XJOLOUDO NO CAKIA C HABETAN & 4/24/97 8/3-973-125