

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000001567 (7)

1. Corporation Name  
QUAILMARK HOMES, INC.

Principal Place of Business

Mailing Address

5551 RIDGEWOOD DR  
STE 301  
NAPLES FL 33963  
US

5551 RIDGEWOOD DR  
STE 301  
NAPLES FL 33963  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 4500 Executive Drive  
Suite, Apt. #, etc.

26 4500 Executive Drive  
Suite, Apt. #, etc.

22 Suite 110

27 Suite 110

23 Naples, FL

28 Naples, FL

24 Zip 34119 Country US

29 Zip 34119 Country US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

3a. Date of Last Report

03/30/1993

04/10/1996

4. FEI Number

65-0395627

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME BROWN, THOMAS G  
STREET ADDRESS 4300 BRYNWOOD DRIVE  
CITY-ST-ZIP NAPLES FL

TITLE S ☐ DELETE

NAME PIIPPONEN, JEFFREY A  
STREET ADDRESS 6782 MILL RUN CIRCLE  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 4500 Executive Drive  
1.4 CITY-ST-ZIP

2.1 TITLE Vice President/Secretary ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME Houser, James F  
3.3 STREET ADDRESS 4500 Executive Drive, Suite 110  
3.4 CITY-ST-ZIP Naples, FL 34119

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 100002262241--8  
4.3 STREET ADDRESS -08/08/97--01127--006  
4.4 CITY-ST-ZIP \*\*\*\*173.75 \*\*\*\*173.75

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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]*

APPROVED  
AND  
FILED

97 AUG -4 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (4/97)