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Jan 15 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F96000003226 (5)**

1. Corporation Name

THE QUAKER AGENCY OF THE SOUTH, INC.



Principal Place of Business

**120 GREENWICH RD.
CHARLOTTE NC 28211**

Mailing Address

**120 GREENWICH RD.
CHARLOTTE NC 28211-2335**

3. Date Incorporated or Qualified

06/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

56-1559982

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTHEWS, DANA C
607 HWY 98 E.
DESTIN FL 32541**

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 of officer, principal or registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDC** ☐ DELETE

NAME **WALSH, FRANK M**
STREET ADDRESS **120 GREENWICH RD.**
CITY-ST-ZIP **CHARLOTTE NC 28211**

11 TITLE ☐ Change ☐ Addition

TITLE **VST** ☐ DELETE

NAME **SANDERS, DOUGLAS J**
STREET ADDRESS **120 GREENWICH RD.**
CITY-ST-ZIP **CHARLOTTE NC 28211**

12 NAME ☐ Change ☐ Addition

TITLE **DC** ☐ DELETE

NAME **SANDERS, DOUGLAS J**
STREET ADDRESS **120 GREENWICH RD.**
CITY-ST-ZIP **CHARLOTTE NC 28211**

13 TITLE ☐ Change ☐ Addition

TITLE **VSD** ☐ DELETE

NAME **SECOR, JUDITH W**
STREET ADDRESS **120 GREENWICH RD.**
CITY-ST-ZIP **CHARLOTTE NC 28211**

14 NAME ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **MCKAIG, A S III**
STREET ADDRESS **219 GREENWICH RD.**
CITY-ST-ZIP **CHARLOTTE NC 28211**

15 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 NAME ☐ Change ☐ Addition

17 STREET ADDRESS
18 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 (204) 305-6010
Date Daytime Phone #

CR2E034 (9/96)