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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005390 (7)

1. Corporation Name

THREE QUEENS, INC.

Principal Place of Business

93 AVERY LN
DOVER AR 72837

Mailing Address

93 AVERY LN
DOVER AR 72837-8316

3. Date Incorporated or Qualified

10/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HARDING, MARIA
98391 OVERSEAS HWY
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name

CARLOS CRUCET

82 Street Address (P.O. Box Number is Not Acceptable)

228 Buttonwood Lane

83

P.O. Box 1241

84 City

TAVERNIER

FL

85 Zip Code

33070

11. Pursuant to the provisions of Sections 607.0502 and 607.1904, 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 the registered agent under Sections 607.0502 and 607.1904, Florida Statutes.

SIGNATURE

CARLOS CRUCET

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ABBOTT, LOYALE
STREET ADDRESS 20 SW 69
CITY-ST-ZIP OKLAHOMA CITY OK 73139-7402

TITLE ☐ DELETE

NAME AVERY, BARBARA
STREET ADDRESS 93 AVERY LN
CITY-ST-ZIP DOVER AR 72837

TITLE ☒ DELETE

NAME HARDING, MARIA
STREET ADDRESS 98391 OVERSEAS HWY
CITY-ST-ZIP KEY LARGO FL 33037

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA AVERY

4/14/97

501-331-4794

Date

Daytime Phone #

CR2E034 (9/96)