Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90012 034 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G08998

1. Corporation Name

QUIGGLE & SON, INC.

Principal Place	e of Business	Mailing Address						
C/O HARRY S. QUIGGLE 143 N. CRESCENT BLVD. SANFORD FL 32771		C/O HARRY S. QUIGGLE 143 N. CRESCENT BLVD. SANFORD FL 32771				DO NOT WRITE IN THIS SPACE		
					3. Date Ir corporated or Qualifed 11/19/1982			
—	Place of Business	2a. Mailing Address			4. FEI Number Applied For 59-3020064 Not Applicable			
21		Suite, Apt. #, etc.		 -	\$8.75 Additional			
Suite, Apt.	#, etc.	27		_		5. Certificate of Status Desired Fee Recuired		
City & S ate		City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees			
23		28	Coun	tn.		7,700.1 0.130		
Zip	Country	Zip		шy		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No		
24	25	29	30			10. Name and Address of New Registered Agent		
	9. Name and Add ess of Currer	nt Registered Agent		81	Name	10. Ivalite and Address of New Adgression and		
OHIO	GGLE, HARRY S.							
	N. CRESCENT BLVD.		[1	82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SAN		-	83					
						85 Zip Code		
			,	84	City	FL S Zp one		
office cru	registered agent, or bo h, in the State am familiar with, and accept the obliga	of Florida, Such change was a ations of, Section 607.0505, Flo	nuthorized orida Statul	by tr les.	ne corpora t	rporation submits this statement for the purpose of changing its registered tion's board of cirectors. I hereby accept the appointment as registered		
	Signature, typed or printed na ne of registered age		Registered A	\gent :	signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF S IN 12		
12.	PD OFFICERS AF	NE DIRECTORS	1.1 TITL			Change Addition		
NAME	QUIGGLE, HARRY S		1.2 NAN					
STREET ADDRESS	ALC N. ODEOCENE BUILD				ADDRESS			
	SANFORD FL		1.4 CIT		i			
CITY-ST-ZIP	STD	DELETE	2.1 TITL			☐ Change ☐ Addition		
NAME	QUIGGLE, ELLA M		2 2 NAN	νE				
STREET ADDRESS			23 STR	REETA	ADDRESS			
CITY-ST-ZIP	SANFORD FL		2. 4 CIT	Y-\$T	-ZIP			
TITLE	D	☐ DELETE	3.1 TITU	Æ		Change Addition		
NAME	MCCOLLOM, LISA M		3.2 NAM	ME				
STREET ADDRESS	DT 4		3.3 STF	REETA	ADDRESS			
CITY-ST-ZIP	MILBURN OK		3 4. CIT		-ZIP			
TITLE	D	₹ DELETE	4 1 TITU			☐ Change ☐ Addition		
NAME	QUIGGLE, THOMAS H		4. 2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	SANFORD FL	Nel nevere	4.4 CIT		ZIP	☐ Change ☐ Addition		
TITLE	D	DELETE	51 TIT		1	□ criange □ Adulion		
NAME	QUIGGLE, RICHARD C		5 2 NAM		ADDDESS			
STREET ADDRESS	1-				ADDRESS			
CITY-ST-ZIP	SANFORD FL	☐ DELETE	5.4 CIT 6.1 TITI		-ZIP	Change Addition		
TITLE		☐ DELETE	6.1 THE			Griange Addition		
NAME	1		o∠NAP	VIE.	1			

14. I 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 trystee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or organization and address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP