

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State (DIVISION OF CORPORATIONS)
DOCUMENT # G76280 (8)		
1. Corporation Name QUENTIN CORP.		
Principal Place of Business 3901 NE 49TH DR. GAINESVILLE FL 32609		Mailing Address 3901 NE 49TH DR. GAINESVILLE FL 32609

APPROVED
 AND
 FILED
 MAY 10 AM 10:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date incorporated or Qualified 12/28/1983	3a. Date of Last Report 04/20/1994
Suite Apt. # etc. 22		Suite Apt. # etc. 27		4. FEI Number 59-2364034	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No					

9. Name and Address of Current Registered Agent CARPENTER, RONALD A. 5608 NW 43 STR GAINESVILLE FL 32606		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	
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11. Pursuant to the provisions of Sections 607.06(1), (2), 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 607.06(1), Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
NAME	PD BROWN, KENNETH P. 4301 N.E. 49TH ROAD GAINESVILLE FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	S VAN NORTWICK, JR., W. A. 3000 INDEPENDENT SQUARE JACKSONVILLE FL	2. NAME	☐ Change ☐ Addition
CITY	S SMITH, JAMES T. 4301 N.E. 49TH ROAD GAINESVILLE FL	3. NAME	☐ Change ☐ Addition
STATE	T FULLENWIDER, BRENT 4301 N.E. 49TH ROAD GAINESVILLE FL	4. NAME	☐ Change ☐ Addition
ZIP		5. NAME	☐ Change ☐ Addition
		6. NAME	☐ Change ☐ Addition
		7. NAME	☐ Change ☐ Addition
		8. NAME	☐ Change ☐ Addition
		9. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation shall have this 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 of this filing or on an attached form with an address.

SIGNATURE: *Brent Fullenwider* 5/2/95 904-373-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR