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

**PROFIT CCRPORATION** ANNUAL REPORT

1999

FULLENWIDER, BRENT

PAUL M. JUANER 98 SAN JACINTO BLUD Suite 600

4411 NE 46TH DRIVE

**GAINESVILLE FL** 

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

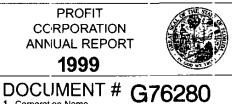
STREET AODRES

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

1. Corporat on Name QUENTIN CORP.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90001 030 \*\*\*158.75

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Mailing Address Principal Place of Business 4411 NE 46TH DRIVE 4411 NE 46TH DRIVE GAINESVILLE FL 32609 GAINESVILLE FL 32609 DO NOT WRITE IN THIS SPACE 3. Date Interporated or Qualifed 12/28/1983 2. Principal Place of Business 4. FEI Number Appl ed For 59-2364034 Not Applicable 26 \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 22 City\_& State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution Added to Fees 8. This co poration owes the current year intangible []No 30 **⊅**Yes Personal Property Tax. 25 29 60 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CARPENTER, RONALD A. 82 Street Address (P.O. Box Number is Not Acceptable) 5608 NW 43 STR **GAINESVILLE FL 32606** 83 Zip Ccde 84 85 City FI 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 nan e of registered agent and title if applicable. (NOTE Registered Agent signature requi ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TITLE TITLE 12 NAME BROWN, KENNETH P. NAME 1.3 STREET ADDRESS 4411 NE 46TH DRIVE STREET ADDRESS **GAINESVILLLE FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE Change TITLE VAN NORTWICK, JR., W. A. 2.2 NAME NAME 3000 INDEPENDENT SQUARE 2.3 STREET ADDRESS STREET ADORES S JACKSONVILLE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE TITLE 3.1 TITLE 3.2 NAME SMITH, JAMES T. NAME 3.3 STREET ADDRESS 4411 NE 46TH DRIVE STREET ADDRESS GAINESVILLE FL 34 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change \_\_\_ Addition 4.1 TITLE TITLE

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 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, with all other like empowered.

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

CR2E034

Change

Change

☐ Addition

☐ Addition