

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G92732 (8)**

1. Corporation Name
GQK, INC.



Principal Place of Business Mailing Address
347 FOXRIDGE ROAD ORANGE PARK FL 32065

2. Principal Place of Business		2a. Mailing Address	
21	P.O. Box 150054 Suite, Apt. #, etc. NAS Cecil Field	26	P.O. Box 150054 Suite, Apt. #, etc. NAS Cecil Field
22	City & State Jacksonville, FL	27	City & State Jacksonville, FL
23	Zip 32215	28	Country USA
24	Country USA	29	Zip 32215
25	Country USA	30	Country USA

3. Date Incorporated or Qualified 03/23/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2399768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GRAVES, KEITH C.
234 RIVERSIDE AVENUE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81	Name Marceau, Michelle
82	Street Address (P.O. Box Number is Not Acceptable) BOQ, Bldg 331, D Avenue
83	NAS Cecil Field
84	City Jacksonville, FL
85	Zip Code 32215

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Michelle Marceau* **Michelle Marceau 06 April 1996** DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRAVES, KEITH C.	
STREET ADDRESS	234 RIVERSIDE AVENUE	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	QUINN, JOHN J., III	
STREET ADDRESS	2816 VILLAGE GROVE DRIVE	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	KEIL, KENNETH J.	
STREET ADDRESS	347 FOX RIDGE ROAD	
CITY-STATE-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Marceau, Michelle	
13 STREET ADDRESS	BOQ, Bldg 331, NAS Cecil Fld, FL	
14 CITY-STATE-ZIP	32215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	VP	
22 NAME	Keil, Kenneth	
23 STREET ADDRESS	347 Foxridge Rd, Jacksonville, FL	
24 CITY-STATE-ZIP	32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	DST	
32 NAME	Marceau, Michelle	
33 STREET ADDRESS	BOQ, Bldg 331, NAS Cecil Fld, FL	
34 CITY-STATE-ZIP	32215	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michelle Marceau* **Michelle Marceau Director and President, GQK** **904-778-5409**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **06 April 1996**

CR2E034 (12/95)